



EUS guided Therapy for Gastric Varices

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Why EUS guided ?

Cyanoacrylate glue (CG) – Standard of Care

Limitations of CG –

- Re-bleed 5 – 10%
- Embolization – 1% ?

EUS –

- Excellent visualization of GEJ anatomy & varices
- Gastric varices – good differentiation between submucosal, perforators & perigastric varices
- Easy access for EUS guided therapy

Principle – block feeding varices so that SM varices get blocked

Possibly – reduced risk of rebleed ??? (Not validated yet)

Current Indications

Failed CG therapy – rebleed

No / small intraluminal component of gastric varix

Rebleed with firm / hardened gastric varix

Primary therapy ???

Pre Procedure

Similar to endotherapy for varices

EUS guided Coil placement



- Evaluation EGD
- Linear EUS @ EG junction
- Visualize perigastric collaterals
- CD to confirm flow
- Measure max. diameter of varix
- Select coil of same size
- Puncture – 19G EUS needle
- Load / deploy coil
- Recheck flow on CD
- Repeat coil till complete cessation of flow

Post Procedure

NPO – 2-3hrs

IV / oral antibiotics x 3 – 5 days

Follow up @ 4 weeks – EGD + EUS + sos further coil

Adverse Events

Bleeding

Infection

Embolization

Case

59 year old male

h/o liver cirrhosis and portal hypertension

Undergone multiple sessions of endoscopic variceal ligation and CG injection in gastric varices in the past

Presented with acute upper GI bleed of 2 days duration

Case

On examination:

HR: 106/min

BP: 90/60 mmHg

Pallor

PA: Spleen palpable

Other findings unremarkable

Investigations

Hb: 6.8gm/dl

TLC: 8000/cumm

Platelet: 75,000/cumm

S.Alb: 2.9gm/dl

INR: 1.3

EGD

EGD showed obliterated esophageal varices & a large hardened gastric varix with surface ulceration secondary to previous injection. Oozing was seen from base of varix

Extra-luminal component of the varix was considered to be the reason for the recurrent bleeding episodes

Hence EUS was planned to evaluate the same

Video



Take home message

EUS guided coiling is an evolving modality for treatment of gastric varices

Currently should be used for refractory cases

Coil alone vs coil + glue – debatable

Size of coils should be chosen carefully to avoid distant embolization

Modified novel technique as described in this case to prevent embolization could be a consideration