Bleeding Stomal Varices

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Clinical History:

- 62-year-old woman with prior rectal carcinoma, status post neoadjuvant chemotherapy and resection who has an end-colostomy
- Presents with bright red blood in her ostomy bag for the past week
Questions:
1. What is the diagnosis?
2. What is the best management option?
A) Arterial phase images do not reveal significant abnormality around the stoma. Axial (B, C) and sagittal (D) portal venous phase images show portal vein thrombosis (red arrow) with multiple dilated venous channels near the stoma (white arrows) consistent with stomal varices and likely source of stomal bleeding. A prominent dilated branch of Inferior mesenteric vein is seen to feed the stomal varices (yellow arrow).
Coil embolization of the distal inferior mesenteric vein (yellow arrow) just above the stoma was performed for immediate control of bleeding from stomal varices (white arrow). Patient was also advised placement of transjugular intrahepatic portosystemic shunt (TIPS) shunt placement for treatment of underlying portal hypertension and portal vein thrombosis.
Teaching Points:

- Ectopic varices account for between 1% and 5% of all variceal bleeding.
- Bleeding stomal varices (BSV) at surgically created mucocutaneous anastomoses, are a common cause of recurrent hemorrhage in patients with portal hypertension and surgical stomas.
- BSV can be missed and visual inspection of the stoma after removing the appliance is critical.
- Doppler Ultrasound is often first line imaging modality which can help identify stomal varices.
- Delayed venous phase imaging is vital to identify the varices on the CT.
- BSV are often treated with direct percutaneous embolization.
References