Dysphagia after endoscopic treatment of oesophageal varice

Marco Silva, Susana Lopes, Armando Ribeiro, Armando Peixoto, Guilherme Macedo

Department of Gastroenterology, Centro Hospitalar São João, Faculty of Medicine of the University of Porto. Porto, Portugal.

Abbreviations : EVS, endoscopic variceal sclerotherapy ; EVL, emergent variceal band ligation.

A 71-year-old male, with alcoholic liver cirrhosis and portal hypertension, presented with hematemesis. He had a history of previous episodes of esophageal varices bleeding that were treated with endoscopic variceal sclerotherapy (EVS), few years before presentation. The esophagogastroduodenoscopy confirmed an acute bleeding from a ruptured esophageal varice. Emergent variceal band ligation (EVL) was attempted but could not control the bleeding. Then we decided to perform EVS with intravariceal injection of 8ml of 1% polidocanol solution, with successful hemostasis. After 24 hours of this apparently uneventful emergent endoscopic technique, the patient complained of retrosternal pain and dysphagia and had another episode of hematemesis. An esophagoscopy was performed revealing the findings shown on Fig. 1. What is your diagnosis?

EVL may be more difficult to apply than sclerotherapy in patients with severe active bleeding, and it is reasonable to try EVS in patients in whom band ligation is not technically feasible or fails to control the bleeding. Dissecting intramural esophageal hematoma is a rare complication of sclerotherapy, with an incidence of 0.3% to 1.6%, and the initial treatment is conservative. The majority of cases resolve without sequels as was observed in our patient.

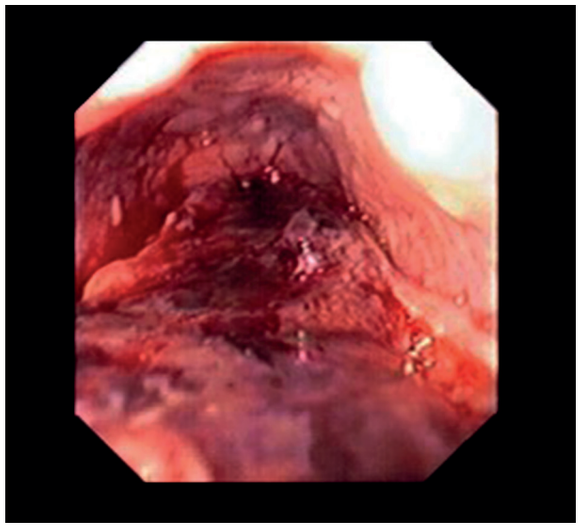

Fig. 1. — Esophagoscopy findings 24 hours after endoscopic variceal sclerotherapy.

Correspondence to : Marco Silva, Gastroenterology Department, Centro Hospitalar São João, Alameda Professor Hernâni Monteiro, 4200-319 Porto, Portugal
E-mail : marcocostasilva87@gmail.com

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