Extensive Varices of Ileocecum
Report of a Case

Shigeki Sugiyama, M.D., Kurato Yashiro, M.D., Kou Nagasako, M.D., Shuichi Sato, M.D., Kazuyosi Watanabe, M.D., Tatsuki Igarashi, M.D., Fujio Hanyu, M.D., Hirosi Obata, M.D.

From the Institute of Gastroenterology, Tokyo Women's Medical College, Tokyo, Japan

A man was admitted to our hospital because of intestinal reddish bleeding. Colonic varices were found at the cecum by colonoscopy. Angiography of the superior mesenteric artery showed that blood vessels were scant from the end of the ileum to the ascending colon. An operative view revealed the varices, but there was no trace of the ileocecal vein. This case, presenting a deficit of the ileocecal vein, indicated that the blood flow could not return via the ileocecal vein, and therefore there was an outflow through the varices to the surrounding intestine or abdominal veins. Such a case is probably unrepresented in the literature because it was caused by the total deficiency of the ileocecal vein and it was in the right colon.

Key words: Colonic varices; Ileocecal vein, anomaly of

V arices are often found in the esophagus in relation to liver cirrhosis. Varices have been revealed in the terminal ileum and cecum. Ileocecal varices without liver cirrhosis, however, are very rare. About 60 cases have been reported in the literature. 1, 2 Feldman et al. 3 encountered only two cases in 2,912 consecutive autopsies. Etiologic factors that have been reported include portal hypertension, mesenteric or splenic vein thrombosis or obstruction, congestive heart failure, congenital vascular anomalies, and colonic tumors. Although rectosigmoid lesions are rather common, right-sided colonic varices are unusual. We have encountered a patient with ileocecal colonic varices due to deficiency of the ileocecal vein.

REPORT OF A CASE

A 62-year-old male was admitted to our hospital because of rectal bleeding. The bleeding (100–200 ml) occurred on August 31, 1988. The color was burgundy red. Colonic varices were found at the cecum by colonoscopy (Fig. 1). Reddish points were found on the varices, which seemed to be the emanating points. Angiography of the superior mesenteric artery was performed (Fig. 2). In the venous phase, blood pooling could be seen mainly at the cecum. Surgery was performed because of rebleeding. The operative view revealed that the varices, looking like caviar, existed from the end of the ileum to the ascending colon (Fig. 3). The ileocecal vein, usually existing along the ileocecal artery, was in deficit, and in fact there was no trace of the vein. A slight change of color was observed in the colonic mucus.

DISCUSSION

Both primary and secondary colonic varices are formed owing to congenital and anatomic variations. 5 As a rule, the coronary azygous system is the better developed of the portosystemic anastomoses. 2, 4, 5 Colonic varices are an unusual cause of rectal hemorrhage, with only 32 reported cases in the world literature. Portal hypertension was observed in 24 of the 32 cases. Although rectosigmoid lesions were found with 17 of 32 cases, right-sided colonic varices are extremely rare. 2, 6 Other reported etiologic factors include congestive heart failure, 5 mesenteric or splenic vein thrombosis or obstruction, the complication of pancreatitis 7 or surgery, and the pressure of the colonic tumor. Vascular abnormalities were reported in nine cases (familial varices in four cases), but they were all left-sided colonic varices. 2, 8, 9

This patient was admitted for further evaluation of rectal bleeding, occurring in the absence of portal hypertension. Colonoscopy led to the diag-
nosis of colonic varices. When angiography was performed to determine the cause, the ileocecal vein was not contrasted, and blood outflow to the abdominal wall veins of the adjacent intestine (iliac vein, etc.) was found (Fig. 4). There was no remaining trace of the ileocecal vein, so it was concluded that congenital failure of the ileocecal vein resulted in the colonic varices.