**A case of endoscopic injection sclerotherapy for a bleeding duodenal varix**

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**Summary:** A case of bleeding duodenal varix which was treated successfully with endoscopic injection sclerotherapy (EIS) is reported. The patient developed a hemorrhage from a varix in the descending portion of the duodenum two months after EIS for esophageal varices, and hemostasis was achieved using EIS with an intravariceal injection of 1% polidocanol. The duodenal varix decreased in size after EIS. Two months after EIS, a splenectomy was performed. During a 14-month follow up period after the EIS for the duodenal varix, there was no recurrent bleeding. Gastroenterol Jpn 1989;24:60-64

**Key words:** Bleeding duodenal varix, Endoscopic injection sclerotherapy, Hemostasis

**Introduction**

Endoscopic injection sclerotherapy (EIS) is widely used for the treatment of esophageal varices. This technique can also be applied in cases of hemorrhage of gastric varices. However, the incidence of bleeding duodenal varices is very low. Only two cases successfully treated with EIS have been reported. In this report, we present the third case of a bleeding duodenal varix which we treated successfully with EIS.

**Case Report**

On December 1st, 1986, a 38-year-old male was referred to our hospital for detailed examination and treatment of repeated hematemesis. This patient had received a laparotomy and a blood transfusion following a traffic accident in 1970. In 1981, he had received a renal transplantation at our hospital due to chronic renal failure. After the renal transplantation, he had been treated with azathioprine and prednisolone.

On readmission, the endoscopic examination disclosed marked esophageal varices but no abnormalities in the stomach or the duodenal bulb. Because the esophageal varices were considered to be the source of the bleeding, we treated the patient with EIS using intravari- ceal injection of a 50% glucose solution, 1% polidocanol and human thrombin and the patient complained of no more bleeding. Several additional treatments of EIS was performed to eradicate the esophageal varices. The patient was subsequently discharged.

On May 31st, 1987, the patient developed melena and was admitted to a hospital. There he received 20 units of blood, but the melena persisted. On June 4th, he was transferred to our hospital.
The physical examination revealed anemia and splenomegaly, but no icterus or hepatomegaly. The hematological examination showed anemia and thrombocytopenia. Blood chemistry tests were almost within normal limits except for hypoproteinemia (Table 1).

An endoscopic examination disclosed no recurrence of esophageal varices and no abnormalities in the stomach or in the duodenal bulb. However, we found a meandering prominence on the anal side of the papilla of Vater in the descending portion of the duodenum (Fig. 1). When the endoscope approached the site marked with an arrow in Figure 1, peristalsis enabled us to observe the bleeding point (Fig. 2). After this prominence was diagnosed as a bleeding duodenal varix, we treated the patient with EIS. First, we made a puncture near the bleeding point. Into the puncture we injected 5ml of a 50% glucose solution to which a contrast medium had been added. Fluoroscopy was used to check if the appropriate intravariceal injection of contrast medium had been given (Fig. 3), and then 5ml of 1% polidocanol and 200 units of human thrombin solution were injected. After injecting these sclerosing agents, pressure was applied to the injected area with the outer sheath of the injection needle for five minutes. There was no bleeding after this