Gastric Bleeding after Endoscopic Injection Sclerotherapy for Esophageal Varices

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Dear Sir,

A 61-year-old man who complained of vomiting blood was admitted to our hospital. He had been undergoing follow-up for 2 years for liver cirrhosis secondary to hepatitis C, and endoscopic injection sclerotherapy (EIS) for esophageal varices had been performed 6 months previously.

His hemoglobin level was very low (3.1 g/dl). A subsequent endoscopic examination revealed profuse bleeding from the proximal portion of the body of the stomach, but no recurrence of the esophageal varices (fig. 1). However, there was no evidence of an ulcer or varix at the site of the bleed-

ing. An endoscopic band ligation (EBL) device was immediately attached to the endoscope. EBL was performed and endoscopic hemostasis therapy was successful.

EIS is a major therapeutic modality for the treatment of bleeding from ruptured esophageal varices, and Paquet [1] demonstrated that prophylactic EIS in cirrhotic patients with known varices can reduce the rate of subsequent bleeding and improve survival. In our case, increased portal vein pressure following EIS for esophageal varices may have caused the bleeding from the proximal portion of the body of the stomach. EBL was first described in 1986 by Van Stiegmann et al. [2], and has also become a major treatment for esophageal varices. EBL is suitable for treating bleeding clearly observed by endoscopy, as in our patient, because the EBL device is relatively easy to use and inexpensive. We succeeded in treating gastric bleeding from the proximal portion of the body of the stomach with the EBL device after EIS for esophageal varices.

Fig. 1. Endoscopic examination revealed profuse bleeding in the proximal portion of the body of the stomach.

References

- 1 Paquet KJ: Prophylactic endoscopic sclerosing treatment of the esophageal wall in varices: a prospective controlled randomized trial. *Endoscopy* 1982;14:4–5.
- 2 Van Stiegmann G, Cambre T, Sun JH: A new endoscopic elastic band ligating device. *Gastrointest Endosc* 1986;32:230–233.