

# הצגת מקרה- מפגש מכוניס מאי 2017



ד"ר דני פלדמן - מכון גסטרו הלל יפה

# 2004



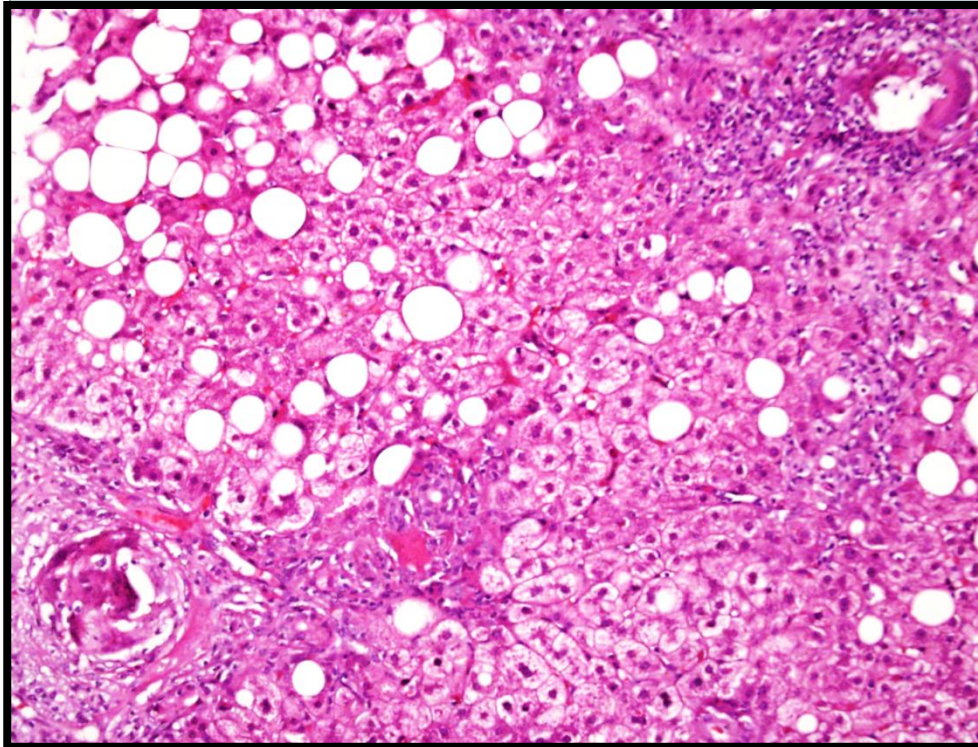
- 38 years Ethiopian F. D+4.

## Hepatitis and pancytopenia

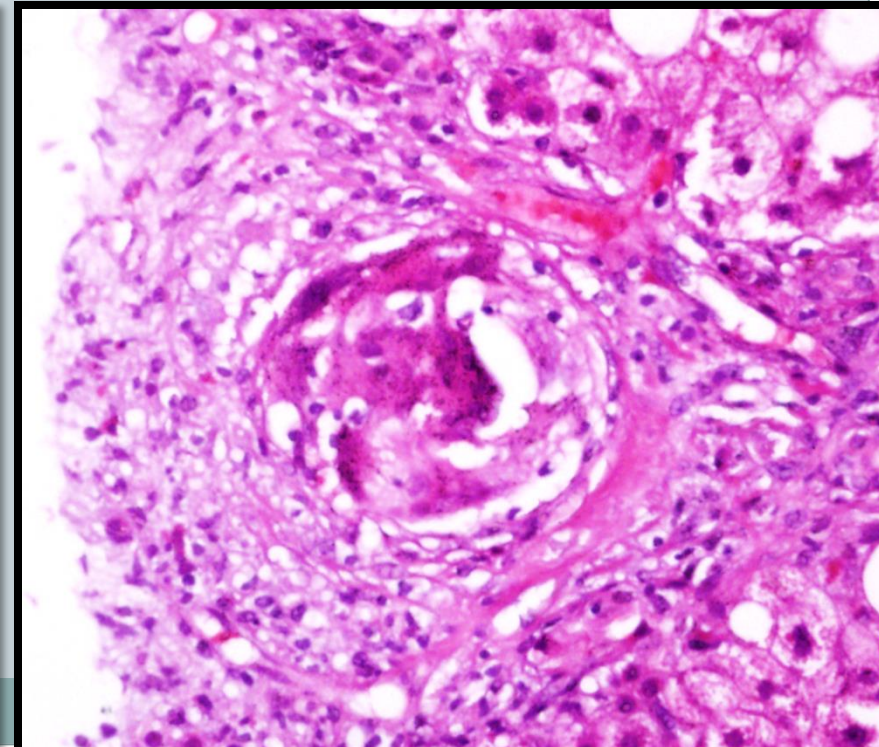
- Type 2 DM. Etihilism. low compliance
- Imaging (US, CT): Cirrhosis, no portal hypertension
- Bone marrow biopsy: No malignancy or granuloma formation

“portal granulomatous hepatitis secondary to schistosomiasis with multiple granulomas containing giant cells and *Schistosoma* eggs”.  
Trichrome stain: focal septal fibrosis. -

HEX20



HEX40



Gastroscopy: Normal

No signs of portal hypertension

**2004**

- Treated with praziquantel
- Clinical improvement
- Discharged

**Lost to follow-up for many years...**

# 2016 - I



- Diffuse abdominal pain +vomiting.
- No signs of infection\encephalopathy.
- PLT (114-128K), HB and WBC – normal range.  
ferritin 230 Liver profile – normalized. INR 1.08
- Tumor markers- negative.

# 2016 - I



- Abd. CT: cirrhotic liver and signs of infiltration of omental fat. No signs of portal hypertension.

Supportive care with clinical improvement.  
discharged.

# Three weeks later ... **2016 - II**



- Rushed into the emergency room – shock state

Hemoglobin 6.4 g/l

- Stupor, abd. tenderness, ascites
- No signs of overt GI bleeding

“a large volume of heterogeneous fluid in the peritoneal cavity”





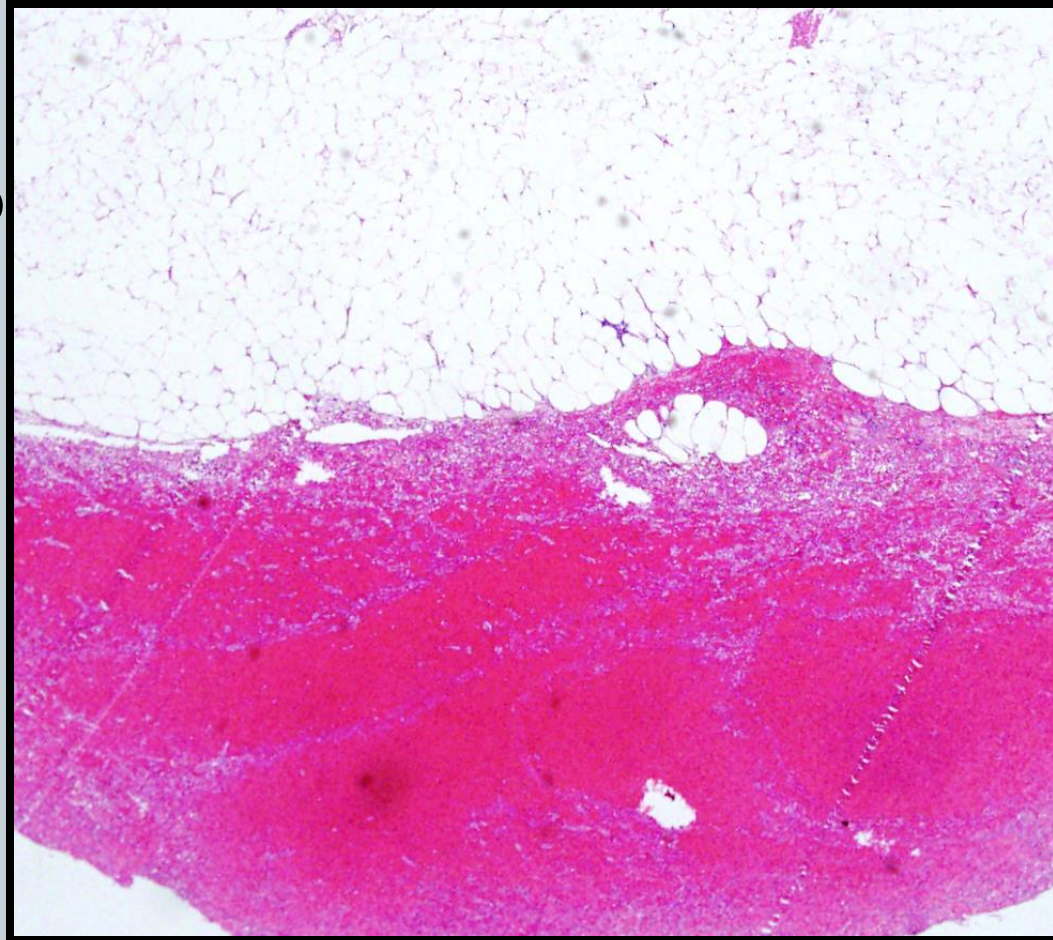
## Explorative laparotomy :



- A large actively bleeding omentum with many congested veins. No other source of bleeding was found.
- Omentectomy.

Histology: “congested omentum with many hemorrhagic areas and reactive changes”. 2016 - II

HE stain, X20



## Day 2 post op



### Deteriorate:

- Hypotensive
- Respiratory distress. ARDS
- Hepato-renal syndrome – Dialysis
- Distended abdomen

2016 - II

# Day 2 post op

Chest and abd. CT :

Large volume of fluid in the peritoneal cavity





- Re-explorative laparotomy :
  - Decompression : 3-4 liters of blood.
  - Re- bleeding from omental stump small varices.
  - Tamponade.

Clinical picture:

Hemorrhagic shock due to re-bleeding from ectopic omental varices and Abdominal compartment syndrome.



Continued to deteriorate.

- Multi organ failure.
- Died 24 hours after the second procedure.

# Ectopic varices - omentum

## CASE REPORT

### **INTRAPERITONEAL RUPTURE OF ECTOPIC VARICES — A RARE COMPLICATION OF PORTAL HYPERTENSION**

ALASTAIR N.J. GRAHAM, PAUL MCALEESE and R. JOHN MOOREHEAD

*Department of Surgery, Ards Hospital, Church Street, Newtownards, County Down, Northern Ireland*

Spontaneous rupture of omental varices: an uncommon cause of hypovolemic shock in cirrhosis.

Bataille L<sup>1</sup>, Baillieux J, Remy P, Gustin RM, Denie C.

## IMAGES IN FORENSICS

### **Fatal intraabdominal bleeding from ectopic varices: report of two autopsy cases**

Takahito Hayashi • Claas Buschmann •  
Dejana Matejic • Barbara Ingold • Michael Tsokos

## **Idiopathic Omental Bleeding: Report of a Case**

TETSURO OHNO<sup>1,2</sup>, KYOICHI OGATA<sup>1</sup>, SAYAKA AIBA<sup>1</sup>, MINORU FUKUCHI<sup>1</sup>, HIDENOBU OSAWA<sup>1</sup>, AKIRA MOGI<sup>1</sup>,  
MASAHIKO MOTEGI<sup>1</sup>, KIKUO NAGASHIMA<sup>1</sup>, MASATOSHI ISHIZAKI<sup>1</sup>, ERITO MOCHIKI<sup>2</sup>, and HIROYUKI KUWANO<sup>2</sup>

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# Literature – Ectopic V.



- “large portosystemic venous collaterals occurring anywhere in the abdomen except in the cardioesophageal region”.
- Represent natural portosystemic shunts
- Sites: Duodenum, distal small intestines, colon, peritoneum, retroperitoneum, biliary tree , ovaries, urinary bladder ...
  - less than 5% of all varix-related bleeding episodes.



## Updates in the pathogenesis, diagnosis and management of ectopic varices



### Etiology:

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PHT (intrahepatic and extrahepatic)  
Surgical procedures involving abdominal organs and vessels  
Anomalies in the venous outflow vessels  
Abdominal vascular thromboses  
Hepatocellular carcinoma  
Secondary to band ligation of O-G junction varices  
Familial

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### Presentation:

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Overt gastrointestinal bleeding of obscure origin  
Occult gastrointestinal bleeding  
Accidental finding  
Iron-deficiency anaemia  
Haematemesis  
Haematochezia  
Internal haemorrhage (haemoperitoneum)  
Hypovolaemic shock  
Haemorrhagic pleural effusion  
At autopsy

# Literature – Ectopic V.



- Omental hemorrhage- omental direct injury, posttraumatic omental inflammation, torsion of the omentum.
- Hemoperitoneum from omental varices- rare

# Literature - Treatment



- Limited knowledge- small case series, case reports and mini-reviews
- Angiographic embolization
- TIPS placement- rarely done
- Surgery
- “Mortality remains high despite surgical correction of the bleeding and reflects the severity of the underlying liver disorder”

# Our patient...



- Cirrhotic patient secondary to ethilism and schistosomiasis in her past.
- Aggressive continuous ectopic variceal bleeding located in the greater omentum.
- Hemorrhagic shock, multi organ failure and abdominal compartment syndrome.

# Our patient...



- First presentation of portal hypertension introduced as ectopic variceal bleeding, with no known previous episodes of gastroesophageal variceal involvement.
- Mortality rates remains high despite surgical correction of the bleeding and reflects the severity of the underlying liver disorder.



Thank you