Management of Gastric Varices

Akio Matsumoto

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I recently read with great interest the article by d'Othee et al. The authors treated gastric varices in the patient with partial splenic and portal thrombs by balloon-occluded retrograde transvenous obliteration (B-RTO) [1]. The patient had remarkable splenomegaly and thrombocytopenia, so congestion of the splenic vein seemed to have existed before B-RTO. Worsening of esophageal varices after B-RTO is thought to be due to the increase of blood flow in the branch of splenic vein (e.g., left gastric vein). B-RTO followed by partial splenic embolization [2, 3] might prevent the rupture of esophageal varices and performance of transjugular intrahepatic portosystemic shunting by the suppression of the increase of the blood flow in splenic vein. The efficacy of B-RTO in patients with an advanced liver disease (e.g., Child-Pugh classification C) is unclear [4]. The present patient had a very small liver. What was the patient's Child-Pugh score? Performance of Doppler ultrasonography could reveal the

change of blood flow in splenic vein before and after B-RTO as well as after ligation of esophageal varices.

Conflict of interest No conflict of interest.

References

1. Janne d'Othee B, Walker TG, Marota JJ et al (2011) Splenic venous congestion after balloon-occluded retrograde transvenous obliteration of gastric varices. *Cardiovasc Intervent Radiol* 9. doi: [10.1007/s00270-011-0160-8](https://doi.org/10.1007/s00270-011-0160-8)
2. Ferral H (2008) Balloon-occluded retrograde transvenous occlusion. *Tech Vasc Intervent Rad* 11:225–229
3. Matsumoto A, Takimoto K (2006) Gastric fundal varices: new aspects of nonsurgical treatment in Japan. *Nat Clin Prac Gastroenterol Hepatol* 3:4–5
4. Ninoi T, Nishida N, Kaminou T et al (2004) Balloon-occluded retrograde transvenous obliteration of gastric varices with gastrorenal shunt: long-term follow-up in 78 patients. *Am J Roentgenol* 184:1340–1346

A. Matsumoto (✉)
Department of Internal Medicine, Kumiyama Minami Hospital,
28 Boumuranaka, Bounoike, Kumiyama-cho, Kuze-gun,
Kyoto 613-0042, Japan
e-mail: marsh@hkg.odn.ne.jp