Editorial: Portal Hypertension and Varices

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The portal vein receives blood from abdominal viscera primarily through the superior mesenteric and splenic veins. Portal hypertension occurs when the flow of the portal vein is obstructed, most commonly through underlying liver disease. When portal hypertension occurs, blood flow becomes congested through collateral channels. The normal portal flow passes in a retrofugal direction into the systemic circulation via the short gastric and left gastric veins, and then through the azygos vein. Distended vascular connections (varices) develop in the esophagus, which can eventually rupture leading to catastrophic bleeding.

The technique of endoscopic band ligation of esophageal varices was developed to treat and prevent bleeding. Visible Human anatomy of the portal circulation and an example of band ligation is shown in video 1.

Endoscopic variceal band ligation is as effective endoscopic sclerotherapy in the treatment of esophageal varices, but the improved safety with the band ligation technique has lead to its emergence as the preferred endoscopic therapy for esophageal varices. Although variceal banding is considered a “safe” procedure, bacteremia, hemorrhage, and esophageal stricture can occur after variceal band ligation.

This edition of VHJOE features an interesting report by Nawaz, et al, of a patient who developed dysphagia following band ligation. Instead of a stricture, it appeared that the circumference of the distal esophagus had been ligated. The authors describe an endoscopic technique for successful management of this unusual complication. We appreciate the opportunity to present what appears to be one of the first reports of this complication. This unusual event is an excellent reminder of the potential for untoward and unexpected outcomes to occur during medical management of a patient.

References:

