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ECTOPIC VARICES MANAGEMENT: IS CYANOACRYLATE GLUE THE ANSWER?

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**Background**

Ectopic varices are not very common but complicate 2 to 5 % cases of variceal bleeding. Management options include interventional radiology (IR) modalities like BRTO or TIPS, EUS guided treatment, endoscopic sclerotherapy and endoscopic cyanoacrylate glue injection. Not much data is available with endoscopic cyanoacrylate glue injections. IR modalities are expensive and usually unavailable in most centres in emergent conditions. We hereby share our experience of using only cyanoacrylate glue in the management of ectopic varices.

**Methods**

We retrospectively analysed data of patients admitted with variceal bleed from January 2008 to October 2024. Ectopic (duodenal and jejunal) varices were found in 31 patients. Out of these only 26 patients required endotherapy for ectopic varices. The ectopic varices were injected using aliquots of 0.5ml of cyanoacrylate glue followed by 2ml to 2.5ml of distilled water for flushing the needle. No lipiodol was used.

**Results**

The mean age of the patient was 43.8 + 3.4 years. 18 patients were male. Extrahepatic portal venous obstruction (EHPVO) was the most common disease and was found in 26 patients, while 5 patients had cirrhosis. Aetiology of cirrhosis was hepatitis C in 3 patients, autoimmune hepatitis in 1 patient and alcohol in 1 patient. 20 (76.9%) patients had history of prior endotherapy for esophageal or gastric varices. 23 patients had concomitant esophageal varices. 7 patients had concomitant GOV1 varices. 3 patients had concomitant GOV2 and 9 patients had concomitant IGV1. The varices were located in D1:D2:D3,4:proximal jejunum in 12:14:4:1 patients respectively. In 21 patients red colour signs or stigmata of recent haemorrhage were found and were treated. Of the 12 patients not treated in index endoscopy, 5 patients had subsequent bleed from duodenal varices and treated. Haemostasis could be achieved in all patients. Two patients had severe bleed from puncture site which was controlled with further glue injections. Mean amount of glue used was 1.35 (0.5 to 4 ml). 2 patients had rebleed within 4 weeks of endotherapy, one required TIPSS and one required BRTO. Mean hospital stay was 2.7 days (2 to 7 days). Long term follow up was available in 27 patients and in 24 out of 26 patients who underwent endotherapy. Glue extrusion was noted in 10 (38.4%) and rest revealed good thrombosis only. All patients were alive without further episode of rebleed. No EUS guided procedure was needed in any of our cases. No embolism was noted.

**Conclusion**

Cyanoacrylate glue injections are a very effective modality in the management of bleeding from ectopic varices with very few adverse events. We need to prospectively study the efficacy of cyanoacrylate glue in ectopic varices comparing it other modalities.

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