Results: Initial SEMS haemostatic efficacy was 100%. Partial distal stent migration was documented on X-ray and CT-scan in 5/12(41.6%) and stent reposition was achieved by second-look endoscopy. The 30-days mortality was 25% (3/12). Tanatogenesis was induced by hepatic failure (n=2) and bleeding EV distally to the stent distal end (n=1).

Conclusions: The preliminary results demonstrate that stenting is an effective life-saving hemostatic procedure in high-risk patients with severe esophageal variceal bleeding and endoscopic hemostasis failure as well as postbanding esophageal ulcers. Final conclusions will be reached after gaining experience with this new method on larger series.

Key words: esophageal varices, bleeding, stent.

MANAGEMENT OF BLEEDING ECTOPIC VARICES

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Introduction: Bleeding ectopic varices (EcV) are uncommon and a difficult conditions to manage. The clinical data of patients diagnosed and treated for bleeding EcV were reviewed to investigate the treatment strategy.

Material and Methods: Patients diagnosed with bleeding EcV over a period of 10 years were identified from the comprehensive surgical database of our institution.

Results: There were six patients (F-2, M-4) with the mean age of 46.8 ± 7.3 (20 to 76) years. The location of the EcV was: duodenal (DV, n=2), isolated gastric varices type 2 (IGV2) according Sarin classification (n=2), and rectal (RV, n=2). EcV were induced by liver cirrhosis (LC) - 2, posthrombotic portal cavernoma (PC) - 1, LC+PC – 1, hepatocelullar carcinoma (HCC) +PC-1 and left-sided portal hypertension - 1. The EcV were managed as an emergency in 4 (DV-2, IGV2-2) and elective in 2 with RV. Bleeding EcV were managed by endoscopic ligation with HX-21L-1 (Olympus®, ET, Japan) device with mini-loop MAJ-339 (n=2, DV and IGV2) and endoscopic ligation with HMBL-4 (Wilson-Cook®, Winston-Salem, NC, SUA) (n=2, RV). Haemostatic efficacy was achieved in all cases. Surgery was performed in 2 pts: for IGV2 - stapling fundectomy with splenectomy and for DV – surgical ligation of affected vessels. In-hospital lethality was – 1/6 (16.6%).

Conclusion: Bleeding EcV's are a challenging emergency, haemostatic procedures depending on the site, bleeding activity and local expertise.

Keywords: varices, ectopic, bleeding.

GALLBADDER VARICES

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Introduction: Gallbladder varices (GBV) are relatively rare ectopic varices in patients with portal hypertension (PH).

The aim of the study is to investigate clinical, imagistic and endoscopic data of patients diagnosed with GBV.

Material and Methods: Patients diagnosed with GBV over a period of 10 years were identified from the comprehensive database of our institution.

Results: There were seven patients (F-4, M-3) with the mean age of 27.9 ± 5.2 (10 to 51) years. PH was caused by portal vein thrombosis (portal cavernoma): after splenectomy for trauma and hematologic disease (n=4), antithrombin III deficiency (n=2) and protein S deficiency (n=1). At time of presentation GBV (n=6) were associated with bleeding esophageal varices (F3, RCS+++, Li+m) managed by endoscopic band ligation MBL-6,10 (Wilson-Cook®, Winston-Salem, NC, SUA) and bleeding duodenal varices managed surgically (n=1). Doppler imaging showed the existence of portal cavernoma and GBV. After complete eradication of esophageal varices no GBV enlargement neither other related complications were noticed.

Conclusion: Color Doppler sonography is a valuable noninvasive imaging technique for assessment of portal hemodynamic profile in patients with portal cavernoma as well as a useful technique to detect GBV. Preoperative correct diagnosis of GBV should increase the surgeon's vigilance during biliary tract surgery in patients with PH in order to avoid hazardous complications.

Keywords: gallbladder, varices.

PROFUSE HAEMORRHAGE FROM INGUINAL SINUS TRACK – LIFE-THREATENING COMPLICATION IN "GROIN INJECTING" DRUG USERS

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Introduction: Inguinal way usually serves as final gate selected for intravenous access by injecting drug abusers, when other routes have failed or are not available. Repeated injections in groin area for femoral vein approach increase the risk of surgical complications, often life-threatening, among the most common being listed: abscess, superficial thrombophlebitis, deep vein thrombosis with subsequent embolic events, chronic venous insufficiency, arteriovenous fistula, arterial pseudoaneurysm with eventual thrombosis and arterial insufficiency.

The aim: presentation of two clinical cases of relatively rare complication occurred in "groin injecting" drug users – profuse external haemorrhage following inguinal sinus formation, stopped definitively by surgical intervention.

Material and methods: Two young male patients aged 29 years and 34 years respectively, with the stage of intravenous drug abuse of at least 5 years, were emergently admitted to the department of General Surgery with recent haemorrhage from a pre-existing skin lesion in the left inguinal area. General signs of bleeding were well manifested in both subjects, being observed also traces of blood on their clothes and left groin area. During the inspection there was noted a skin dimpling (with a diameter of 9 mm and 11 mm, respectively) localized right below the inguinal crease corresponding to projection of femoral vessels with a cyanotic prominence in the center of lesions. Subsequent revision revealed the presence of formed tunnel lined with epithelial cells, leading directly to the wall of femoral vein – diagnosed as sinus track. Imaging study (duplex scanning) confirmed the presence of abnormal channel (sinus) just above the common femoral vein and concomitant hypo-hyperechoic thrombotic masses in deep veins of