

Western world. In this article we report on a well-documented case of this rare form of disorder.

Material & methods. A 27-year-old woman was referred to our hospital with symptoms of severe pancytopenia, massive splenomegaly, and moderate esophageal varices with red color signs despite endoscopic variceal ligation. Upon admission, the hepatic functional reserve was satisfactory (Child-Pugh class A). The color-Doppler ultrasound showed an anatomically normal and non-thrombotic splenoportal venous axis. A complete gastroesophageal devascularization with splenectomy (Hassab-Paquet procedure) was performed. Intraoperatively the liver looked grossly normal while the microscopic examination revealed an inflammatory cell infiltration and fibrosis of the portal tract but no signs of liver cirrhosis. The final diagnosis of IPH was made based on the definitions adopted by the Japan IPH Study Committee.

Results. The patient has been asymptomatic for 12 months postoperatively, and hematological indices reached their normal values. The esophageal varices were eradicated.

Conclusion. The literature on treatment strategies of esophageal varices due to IPH was reviewed with particular reference to the role of devascularization procedures and splenectomy in the management of this rare condition.

Keywords: portal hypertension, idiopathic, splenomegaly, hypersplenism

Previously published: Mishin I. Idiopathic portal hypertension: report of a case. *Chir Gastroenterol* 2005;21(1):80-84.

VARICE A VEZICULEI BILIARE



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Introducere. Varicele veziculei biliare sunt varice ectopice relativ rare, la pacienții cu hipertensiune portală.

Material și metode. Prezentăm un caz clinic de varice biliare diagnosticate prin ecografie Doppler. O pacientă de 51 ani a fost internată pentru hemoragie variceală recidivantă și ocluzie a extrahepatică a venei portă după splenectomie. Hemostaza a fost obținută prin ligaturare endoscopică, iar varicele esofagiene au fost eradicate după a doua ședință endoscopică.

Rezultate. Ecografia Doppler a demonstrat prezența cavernomului portal și varice biliare. Pe durata supravegherii după eradicarea varicelor esofagiene nu au fost semnalate semne de creștere în volum a varicelor biliare ori alte complicații ale acestora.

Concluzie. Ecografia Doppler este o metodă valoroasă neinvazivă pentru aprecierea profilului hemodinamic portal la pacienții cu cavernom portal și este util în diagnosticarea varicelor biliare. Diagnosticarea preoperatorie a varicelor biliare este utilă pentru intervențiile chirurgicale asupra căilor biliare la pacienții cu hipertensiune portală.

Cuvinte cheie: vezicula biliară, varice, cavernom portal

Publicat anterior: Mishin I. Gallbladder varices. *Rom J Gastroenterol.* 2005;14(2):165-8. *Citations:*4

GALLBLADDER VARICES

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Introduction. Gallbladder varices are relatively rare ectopic varices in patients with portal hypertension.

Material & methods. We present here a case of gallbladder varices accurately diagnosed by color Doppler sonography. A 51-year-old woman was admitted to our unit with recurrent esophageal varices bleeding due to extrahepatic portal vein occlusion after splenectomy. Bleeding was controlled by endoscopic band ligation and esophageal varices were eradicated after the second endoscopic session.

Results. Doppler imaging showed the existence of portal cavernoma and gallbladder varices. The close follow-up period after complete eradication of esophageal varices showed no enlargement of varices of the gallbladder

or complications related to them.

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

Keywords: gallbladder, varices, portal cavernoma

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STENTUL METALIC AUTOEXPANDABIL ÎN TRATAMENTUL HEMORAGIEI SEVERE DIN ULCERELE ESOFAGIENE POSTLIGATURALE



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Introducere. Ligaturarea endoscopică a varicelor esofagiene este considerată superioară scleroterapiei din cauza ratei reduse de recidivă a hemoragiei și altor complicații. Totuși ligaturarea poate fi asociată cu hemoragie potențial fatală din ulcerele esofagiene postligaturale.

Material și metode. Prezentăm cazul clinic al unui pacient de 49 ani, care a suportat hemoragie masivă din ulcer esofagian în ziua 8 după ligaturarea reușită a varicelor esofagiene hemoragice, provocate de ciroză hepatică postvirală (clasa Child-Pugh C). Pentru prevenirea hemoragiei fatale a fost instalat un stent metalic autoexpandabil acoperit cu membrană de poliuretan (SX-ELLA stent Danis, 135 mm × 25 mm, ELLA-CS, Hradec-Kralove, Czech Republic).

Rezultate. A fost obținută hemostază definitivă, stentul fiind extras peste 8 zile fără recidiva hemoragiei ori alte complicații.

Concluzii. Aceasta este prima publicație referitor la tratamentul reușit al hemoragiei din ulcerele esofagiene postligaturale utilizând stentul metalic autoexpandabil la un pacient cu hipertensiune portală.

Cuvinte cheie: varice esofagiene, stent autoexpandabil, ligaturare endoscopică

Publicat anterior: Mishin I, Ghidirim G, Dolghii A, Bunic G, Zastavnițchi G. Implantation of self-expanding metal stent in the treatment of severe bleeding from esophageal ulcer after endoscopic band ligation. Dis Esophagus. 2010;23(7):E35-8. IF ISI(2014):1.782 Citations:23

IMPLANTATION OF SELF-EXPANDING METAL STENT IN THE TREATMENT OF SEVERE BLEEDING FROM ESOPHAGEAL ULCER AFTER ENDOSCOPIC BAND LIGATION

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Introduction. Endoscopic variceal ligation is superior to sclerotherapy because of its lower rebleeding and complication rates. However, ligation may be associated with life-threatening bleeding from postbanding esophageal ulcer.

Material & methods. We report a case of a 49-year-old male with massive hemorrhage from esophageal ulcer on 8th day after successful band ligation of bleeding esophageal varices caused by postviral liver cirrhosis (Child-Pugh class C). A removable polyurethane membrane-covered self-expanding metal stent (SX-ELLA stent Danis, 135 mm × 25 mm, ELLA-CS, Hradec-Kralove, Czech Republic) was inserted in ICU for preventing fatal hemorrhage.

Results. Complete hemostasis was achieved and stent was removed after 8 days without rebleeding or any complications.