Acute cholangitis and hemobilia in a patient with liver cirrhosis and portal vein cavernomatous transformation

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INTRODUCTION

Portal hypertensive cholangiopathy (PHC) includes bile duct (BD) abnormalities seen in patients with extrahepatic portal vein obstruction (EPVO). The formation of varices in the epi- and paracoledochal venous plexes which compress the biliary tract take part in its pathogenesis (1,2). Its course is usually asymptomatic, being obstructive jaundice and hemobilia rare manifestations of this entity (3,4). The latter is related to choledocholithiasis and BD manipulation, and less frequently to choledochal varices (4).

CASE REPORT

A 71-year-old male with an alcoholic liver cirrhosis and a previous history of esophageal variceal hemorrhage, portal vein thrombosis recanalization, transcutaneous intrahepatic portosystemic shunt (TIPS) and portal vein cavernomatous transformation was admitted to our hospital with fever, jaundice and abdominal pain which was consistent with an acute cholangitis. The endoscopic retrograde cholangiopancreatography showed an irregular extrahepatic BD with multifocal stricturing and dilation. Several blood clots were removed with persistence of various repletion defects. Differential diagnosis contemplated principally cholangiocarcinoma and sclerosing cholangitis (Fig. 1). The study was completed with computed tomography imaging, in which a non-permeable TIPS and portal hypertension signs were seen. An endoscopic ultrasonography was practiced on discharge. The main findings were esophageal and gastric varices, perisplenic and periportal collateral circulation, superior mesenteric vein cavernomatous transformation and collateral circulation around the BD, with a prominent vascular bundle in the walls of the extrahepatic BD and cystic duct, compatible with choledochal varices (Figs. 2 and 3).

DISCUSSION

PHC, found in 80-100 % of the patients with EPVO, is only symptomatic in 5-30 % of the cases (2). Its clinical...
manifestations include abdominal pain, jaundice, acute cholangitis and exceptionally hemobilia and secondary biliary cirrhosis (3). Endoscopic ultrasonography plays an increasingly important role in the diagnosis of PHC (1,2), as it additionally rules out other clinical entities such as choledocholithiasis, cholangiocarcinoma, ampuloma, pancreatic processes and lymphoma (5).

REFERENCES