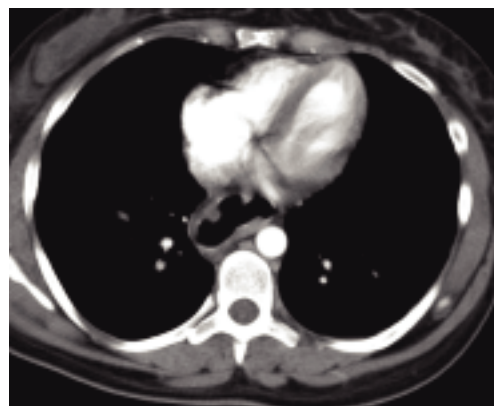


Gastric varix: Radiological-Endoscopic correlation

Andrés Cárdenas



Panel A.



Panel B.

A 28-year-old white female with a past medical history significant for idiopathic thrombocytopenic purpura and splenectomy in 1995 presented to an outside hospital after an episode of large volume hematemesis. She did not have any prior history of liver disease or any history of alcohol abuse. She underwent emergency endoscopy and 2 medium sized varices in the distal esophagus were treated with sclerotherapy. The patient was referred to our institution for further management.

Upon arrival she had a CT scan of the abdomen that revealed previous splenectomy as well as a large gastric varix (Panel A arrow) and also demonstrated portal vein and superior mesenteric venous thrombosis with cavernous transformation. The thrombosis was felt be due to previous splenectomy and history oral contraceptive use. The patient recovered well and a follow up endoscopy 5 days later revealed small esophageal varices and the same gastric varix (Panel B) that was seen on the CT scan.

Address for correspondence:
Andres Cardenas, MD, MMSc
Instructor in Medicine
Division of Gastroenterology and Hepatology
Beth Israel Deaconess Medical Center
Harvard Medical School
110 Francis Street Ste 8E
Boston, MA 02215
E-mail: acardena@bidmc.harvard.edu