EUS-guided therapy with cyanocrylate or coils in gastric varices.

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Aims
To study the feasibility, safety and efficacy in obtaining gastric varices (GV) obturation by EUS-guided therapy, either injecting cyanoacylate (CYA) in the perforating vein of GV or delivering coils.
Patients&Methods
Group 1 : Six patients were treated by EUS-guided injection of one ml of CYA-lipiodol® in the perforating veins of GV, using a 22G needle, followed by a weekly session until GV obturation.
Group 2 : Four patients. Through a 19G needle, 0.035" fiber haired coils (IMWCE, Cook) of different lengths were deployed. In the first patient, 13 coils were delivered into the GV without thrombosis. From the on, 9, 7, 3 and 2 coils were deployed in the perforating vein, in each patient.
Results
Group 1: GV eradication occurred in 100%. Mean sessions 1.2 (1-2). Mean CYA-lipiodol® administered 1.5 ml (1-2 ml).
Group 2: In the first patient, after deployment of 13 coils, no changes were observed. Nine coils were delivered in the perforating vein, showing an almost total thrombosis except for a small variceal nodule remained, bleeding two months later, successfully treated by EUS-guided injection of CYA-lipiodol. In the following three patients, a total thrombosis was achieved after properly deploying 7, 3 and 2 coils in the perforating vein.
One significant bleeding occurred in the first patient treated with coils without complications in the other nine.
Conclusions
EUS-guided injection of CYA in perforating veins seems feasible, safe, and, accurate. Delivering coils by EUS was feasible, although questions on the technique have risen. Randomized studies are warranted.