



EUS diagnosis of CBD wall Perforators in Portal Hypertensive Biliopathy.

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Introduction:

Portal Hypertensive Biliopathy (PHB) refers to abnormalities of the biliary tract (CBD stones, Stricture) in patients of Extra Hepatic Portal vein obstruction due to paracholedochal (PACD) varices. Presence of these varices in a paracholedochal (PACD) location near the CBD does not explain the bleeding that occurs during therapeutic ERCP when accessories are introduced into CBD after endoscopic sphincterotomy. EUS can help in understanding the mechanism of bleeding from PACD collaterals during therapeutic ERCP in PHB.

Summary:

Four cases of PHB who had bleeding during CBD stone removal were evaluated by EUS. We found varices moving from PACD location to either sub-epithelial (SEP) (50%) or intracholedochal (ICD) location (50%) after perforating the fibro muscular layer of CBD wall. The presence of perforator from PACD collaterals was demonstrated in all four cases. The outline of CBD was well delineated by the stent & stones. In two cases where the perforator became ICD varices, the location was confirmed by presence of varices coiling around the stent and stone inside CBD. After the clearance of the stone from the CBD the Intracholedochal varix was seen freely moving on ERCP. The SEP location was confirmed by presence of varices inside the fibromuscular coat.

Conclusions:

These cases confirm the presence of perforators of CBD wall, sub-epithelial CBD wall varices and Intracholedochal varices for the first time by EUS. EUS should be included in the algorithm for management of symptomatic PHB.