

# Portal vein cavernous transformation at bilioenteric anastomosis

Rui Tang, Qian Lu

Hepatopancreatobiliary Center, Beijing Tsinghua Changgung Hospital, School of Clinical Medicine, Institute for Precision Medicine, Tsinghua University, Beijing 102218, China

Correspondence to: Qian Lu, MD. Hepatopancreatobiliary Center, Beijing Tsinghua Changgung Hospital, School of Clinical Medicine, Institute for Precision Medicine, Tsinghua University, No. 168 Litang Road, Beijing 102218, China. Email: luqian\_lt@163.com.

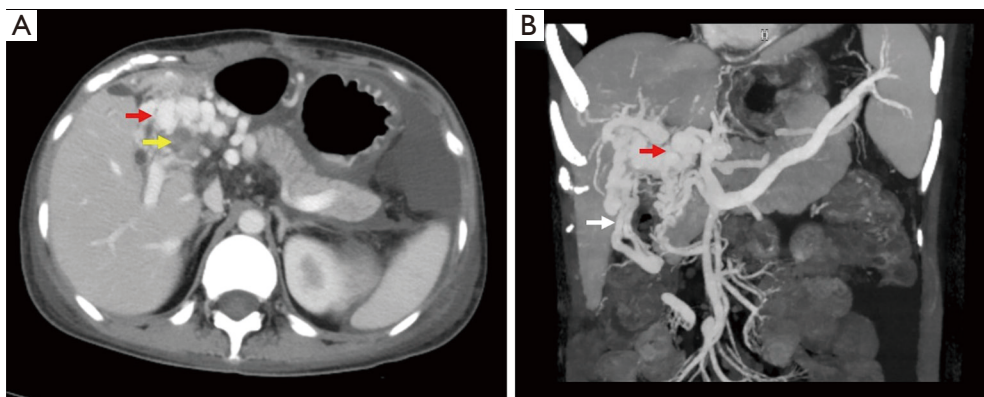
Submitted Dec 24, 2019. Accepted for publication Jan 08, 2020.

doi: 10.21037/hbsn.2020.02.07

View this article at: <http://dx.doi.org/10.21037/hbsn.2020.02.07>

A 30-year-old woman presented with a 3-year history of recurrent melena, without haematemesis, abdominal pain or fever. The lowest hemoglobin was 30 g/L. She had a history of congenital choledochal cyst and underwent extrahepatic bile duct resection with Roux-en-Y cholangiojejunostomy 26 years ago. Eight years before, she got abdominal cavity infection following by pancreatic pseudocyst. Gastroscopy and colonoscopy showed no

bleeding lesions. Computed tomography scan revealed portal vein cavernous transformation (*Figure 1A*, red arrow) at bilioenteric anastomosis (*Figure 1A*, yellow arrow). Roux-en-Y loop varices (*Figure 1B*, white arrow) bleeding due to portal hypertension caused by portal vein cavernous transformation (*Figure 1B*, red arrow) was suspected. She received treatment for this obscure gastrointestinal bleeding but eventually died of massive hemorrhage.



**Figure 1** CT scan image showing portal vein cavernous transformation at bilioenteric anastomosis. (A) Portal vein cavernous transformation (red arrow) and bilioenteric anastomosis (yellow arrow); (B) portal vein cavernous transformation (red arrow) and Roux-en-Y loop varices (white arrow).

## Acknowledgments

*Funding:* None.

## Footnote

*Conflicts of Interest:* Both authors have completed the ICMJE uniform disclosure form (available at <http://dx.doi.org/10.21037/hbsn.2020.02.07>). The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are

appropriately investigated and resolved. Written informed consent was obtained from the patient for publication of this manuscript and any accompanying images.

*Open Access Statement:* This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

**Cite this article as:** Tang R, Lu Q. Portal vein cavernous transformation at bilioenteric anastomosis. *HepatoBiliary Surg Nutr* 2020;9(3):397-398. doi: 10.21037/hbsn.2020.02.07