



(CASE REPORT)



## Management of bulb varices: A rare case of upper gastrointestinal bleeding

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### Abstract

This article reports a rare case of upper gastrointestinal bleeding caused by an ulcerated varice in the duodenal bulb, associated with portal hypertension secondary to sarcoidosis. A 54-year-old patient was successfully treated with glue therapy without complications.

Ectopic varices, such as those in the duodenal bulb, are rare but serious causes of gastrointestinal bleeding. Their management is complex due to their atypical location and the lack of standardized protocols. This case underscores the value of endoscopic techniques, such as glue therapy, combined with a multidisciplinary approach to optimize treatment and prevent recurrence.

**Keywords:** Bulb Varices; Endoscopy; Portal hypertension (PHT); Sarcoidosis

### 1. Introduction

Upper gastrointestinal bleeding (UGIB) is a common medical emergency, usually caused by gastroduodenal ulcers and esophageal or gastric varices. Among the less frequent but potentially severe causes of upper gastrointestinal bleeding are ectopic varices, particularly those located in the bulb or duodenum (1).

This report describes a case of upper gastrointestinal bleeding caused by an ulcerated bulb varice in the context of portal hypertension (PHT) secondary to sarcoidosis.

### 2. Case Report

The patient, a 54-year-old woman, was admitted in May 2024 for the management of upper gastrointestinal bleeding

She has a significant medical history, including portal hypertension due to portal cavernoma secondary to sarcoidosis affecting the pancreas, mediastino-pulmonary regions, and liver, and is under treatment with Rexaban and full-dose corticosteroids.

The patient had previously experienced multiple episodes of gastrointestinal bleeding. The first episode was caused by ruptured esophageal varices, treated with endoscopic band ligation, followed by the introduction of beta-blockers for secondary prevention. The second episode was due to the rupture of a subcardial varice, treated with glue therapy in January 2024. The third episode occurred due to colonic angiodysplasias, treated with argon plasma coagulation (APC).

Upon clinical examination, the patient was conscious, hemodynamically and respiratorily stable. Abdominal examination revealed moderate ascites, while a rectal exam confirmed melena. The rest of the clinical examination was unremarkable.

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An esophagogastroduodenoscopy (EGD) revealed an ulcerated bulb varice, which was successfully treated with glue therapy, without complications. . The patient was hospitalized and started on Sandostatin, preventive antibiotic therapy, and Lactulose.

Anticoagulant therapy, beta-blockers, and diuretics were suspended during the bleeding episode. The outcome was favorable, with cessation of the hemorrhage.

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### 3. Discussion

Ectopic varices are defined as dilated portosystemic collateral veins located in unusual sites, other than the gastroesophageal region. They account for 1-5% of all variceal bleeding in patients with intrahepatic portal hypertension, and 20-30% in those with extra hepatic portal hypertension (1).

Ectopic varices pose a significant clinical challenge due to their atypical location and the difficulty in diagnosing and effectively treating them (2).

The management of ectopic varices lacks standard protocols due to their rarity and the diversity of clinical presentations. This necessitates a personalized approach for each patient (1, 2, 3).

Therapeutic options range from endoscopic treatments, such as glue therapy, to pharmacological approaches involving vasoactive drugs like Sandostatin. In some cases, more invasive procedures, such as surgery or transjugular intrahepatic portosystemic shunts (TIPS), may be required, particularly in instances of recurrence (1, 2, 3).



**Figure 1** Ulcerated bulb varice

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### 4. Conclusion

This case emphasizes the complexity of managing upper gastrointestinal bleeding caused by ectopic varices in patients with PHT. A multidisciplinary approach is essential to optimize treatment and improve prognosis. Clinicians should remain vigilant in the face of this rare but severe clinical presentation, and continuous monitoring is necessary to prevent recurrence.

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### Compliance with ethical standards

#### *Disclosure of conflict of interest*

The authors declare that they have no competing interests.

#### *Statement of informed consent*

Informed consent was obtained from all individual participants included in the study.

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