A 50 yo female with PSC and a bleeding duodenal varix (DV) was evaluated for possible enbucrilate therapy. Endoscopically (Figure 1), the DV was high risk for re-
gonadal vein was occluded using metallic coils and the varix was sclerosed using a mixture of sotradecol, Lipiodol, and air foam. The catheter was then withdrawn further and the inflow to the DV was occluded with metallic coils and a vascular plug (Figure 3, arrows C & D). The PVT was then thrombolysed using a mechanical approach and scant tPA and the small TIPS shunt was left in place due to increased HVPG. Subsequently, endoscopy revealed an occluded duodenal varix (Figure 1, arrow C) confirmed by Doppler probe. Management of ectopic varices can be very difficult as evidenced in this case. Careful evaluation of the underlying vascular anatomy and subsequent analysis of the concepts of vascular flow and resistance are essential to guide optimal therapy whether by one approach or another or by a combined approach.3

ABBREVIATIONS

- **BATO**: balloon occluded antegrade transvenous obliteration.
- **DV**: duodenal varix.
- **HVPG**: hepatic venous pressure gradient.
- **PSC**: primary sclerosing cholangitis.
- **PVT**: portal vein thrombosis.
- **SMV**: superior mesenteric vein.
- **TIPS**: transjugular intrahepatic portosystemic shunt.

REFERENCES