

Hematuria From an Ileal Conduit in a Cirrhotic Patient Treated with a Transjugular Intrahepatic Portosystemic Shunt (TIPS)

by Martin Rodriguez and Brendan M. McGuire

A 60-year-old woman presented with dyspnea. She previously had pelvic exenteration and an ileal conduit. She had recurrent gross hematuria over the previous four years, with extensive evaluations, but with no definitive diagnosis. Her physical exam revealed decreased breath sounds on the right, but no ascites. She had anemia, thrombocytopenia, and abnormal liver function tests. INR was 1.4, and HCV was positive. Chest X-ray revealed an effusion; thoracentesis revealed a transudate. An echocardiogram was normal. A CT scan showed cirrhosis, splenomegaly, and superficial abdominal wall varices around the conduit (Figure 1). The patient had cirrhosis with hepatic hydrothorax, and hematuria secondary to ileal conduit varices. She failed propranolol therapy. A TIPS was performed with a post-procedure gradient of 4 mm Hg. She has not had any bleeding at 3 years follow up.

The case offers several reminders: 1) Hepatic hydrothorax can develop in patients without signifi-

cant ascites. 2) The usual location for varices is the gastrointestinal tract; however patients can develop ectopic varices in the abdominal wall, particularly in areas of previous surgeries or ostomies. 3) Variceal bleeding can present atypically, as in this case with hematuria. 4) TIPS is a valuable alternative for the management of non-esophageal variceal bleeding. ■



Figure 1. Abdominal contrast CT scan showing an ectopic varix (arrow) on abdominal wall close to ileal conduit.

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