

Response Letter

Reviewer comments

Comment 01 – Changed to - the patient has been treated with four cycles of palliative chemotherapy with leucovorin, 5-fluorouracil (5FU) and oxaliplatin.

Comment 02 – Changed to - At the end of the fourth cycle of chemotherapy, she developed recurrent episodes of stomal bleeding that required transfusion and hospitalization.

Comment 03 – Changed to - The patient developed no complications from the procedure, no hemorrhages developed during the first month post embolization. Improvement of stomal mucosal erythema and edema were observed and no colostomy disfunction was noted. Over...

Comment 04 – Changed to - In conclusion, percutaneous transhepatic embolization could be considered for patients with stomal variceal bleeding, in whom TIPS is contraindicated.

Editor

Q01 - Please, find attached Editorial Certificate by American Journal Experts.

Q02 – Running Title - PERISTOMAL VARICEAL BLEEDING TREATED BY EMBOLIZATION

Q03 - *Institutional review board statement*

This case report was exempt from the Institutional Review Board standards at University of Sao Paulo in Brazil

Q04 - The patient involved in this study gave her written informed consent authorizing use and disclosure of her protected health information.

Q05 – All the authors have no conflicts of interests to declare.

Q06 – KEY WORDS - Ectopic variceal bleeding; Colostomy; Stomal bleeding; Cirrhosis; Hemostasis; Percutaneous transhepatic embolization.

Q07 – CORE TIP - Peristomal variceal bleeding in patients with portal hypertension is an entity that has rarely been reported with 3-4% risk of death. A 68-year-old woman who had undergone a palliative colostomy (colorectal carcinoma) presented with a massive hemorrhage from the colostomy conduit. Considering her oncological status with medial and right hepatic veins thrombosis due to liver metastasis invasion, an emergency transhepatic coil embolization was successfully performed. Standard treatment modality for these cases has not been established. Percutaneous transhepatic coil embolization of varices is a safe and effective choice in patients who present with life threatening bleeding and exhibit contraindications to TIPS.

Q08 – AUDIO CORE TIP

Q09 – References - changed to square brackets.

Q10 – COMMENTS –

(1) Case characteristics

A 68-year-old woman who had undergone palliative loop colostomy due to locally advanced colorectal carcinoma presented to our service with recurrent episodes of stomal bleeding that required transfusion and hospitalization.

(2) Clinical diagnosis

At the end of the fourth cycle of chemotherapy, she developed recurrent episodes of stomal bleeding that required transfusion and hospitalization.

(3) Differential diagnosis

Coagulation disturb; colorectal neoplasm; gastro-esophageal varices.

(4) Laboratory diagnosis

Laboratory exams are compatible with massive hemorrhage (hemorrhagic shock).

(5) Imaging diagnosis

CT showed ectopic varices at the colostomy site that were fed by the inferior mesenteric vein.

(6) Pathological diagnosis

Pathological methods were not used.

(7) Treatment

Coil embolization using a percutaneous transhepatic approach was performed to stop the variceal bleeding.

(8) Related reports

Patients with portal hypertension commonly develop varices that typically arise in the gastro-esophageal region. Ectopic varices are rare and may occur along the entire gastrointestinal tract. Sites other than the gastroesophageal junction account for only 5% of all variceal bleeding. Variceal bleeding from a stoma is a well-known entity that has

rarely been reported. The risk of death from an episode of bleeding is estimated to be 3 to 4%.

(9) Term explanation

We did not identify any uncommon terms in our case report.

(10) Experiences and lessons

Ectopic varices are rare (5% of all variceal bleeding) and may occur along the entire gastrointestinal tract. The risk of death from an episode of bleeding is estimated to be 3 to 4%, so the bleeding should be treated. Percutaneous transhepatic embolization should be considered for patients with stomal variceal bleeding, in whom TIPS is contraindicated.