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Pitfalls in histoacryl glue injection therapy for oesophageal, gastric and ectopic varices: A review

Lulia Al-Hillawi, Terence Wong, Giovanni Tritto, Philip Berry

Abstract

Histoacryl glue is used increasingly for the treatment of gastric and ectopic varices, and there is experience in its use for oesophageal varices. It is an effective treatment, yet numerous reports of complications have accumulated. This review of the literature describes the technique, explores circulatory and vascular consideration unique to portal hypertension and categorises the complications into: 'embolisation', 'local venous thrombosis', 'fistulisation and extravascular injection', 'ulceration, erosion and extrusion', and 'nidus of infection'. A case is then made for standardisation of the technique and the consent process.

Key words: Complications; Embolisation; Thrombosis; Sepsis

Core tip: N-butyl-2-cyanoacrylate (Histoacryl 'glue') injection is of proven efficacy for the treatment of bleeding gastric varices but its utility in bleeding oesophageal varices remains unproven. Overall complication rates are 0.5-5%, 1% being commonly quoted. Complications include pulmonary and systemic arterial

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The mechanism of rectal varices after treatment of esophageal or gastric varices is thought to be the result of ... all codes for esophageal varices are used to describe ectopic varices including rectal varices Varices are inevident rectal varices bleeding and to manage it by histoacryl glue injection. Potentials and pitfalls.

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