CLINICAL SNAPSHOT

Massive Paraesophageal Varices in the Absence of Liver Cirrhosis

This 43-year-old man sustained an upper gastrointestinal hemorrhage 20 years after the diagnosis of a coinfection with HIV and hepatitis B (HBV). In view of his existing infectious conditions, hepatic cirrhosis was suspected as the cause of his bleeding from esophageal varices. He had also, however, been treated for a long time with antiretroviral drugs including tenofovir; this had resulted in the complete suppression of HIV and HBV. There was no laboratory evidence of hepatic cirrhosis, and the FibroScan values were normal. Abdominal ultrasonography revealed splenomegaly as the sole positive finding, and further evaluation revealed portal venous thrombosis. The only possible cause that could be found was an earlier treatment for HIV with the drug didanosine, over a period of six years. In the meantime, this drug has been found to be associated with the development of non-cirrhotic portal hypertension (NCPH). Supplementary diagnostic assessment with computerized tomography revealed massive paraesophageal varices with a diameter of approximately 10 cm. At endoscopy, however, only grade I esophageal varices were seen, due

to non-cirrhotic portal hypertension and portal venous thrombosis. The patient is being followed regularly by endoscopy with variceal ligation and has not had any further hemorrhages. This case underscores the point that portal venous thrombosis can arise in the absence of liver cirrhosis.

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