Stomal varices: a cause for intermittent haematuria post-radical cystectomy

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DESCRIPTION

A 74-year-old man presented to hospital with intermittent episodes of frank, painless haematuria, 2 years post-radical cystectomy with ileal conduit. Stoma examination revealed dilated stomal varices and peri-stomal ecchymoses (figure 1). An abdominal CT scan confirmed a thickened distal ileal conduit and a cirrhotic liver with dilated portal venous system. A diagnosis of stomal varices secondary to portal hypertension and liver cirrhosis was made. The patient underwent suture ligation of the bleeding varices.

Haematuria from ileal conduits may arise from a variety of conditions, including infections, calculi and recurrent disease, and it is vital to exclude these common conditions. Stomal varices occur at the mucocutaneous junction and are characterised by a surrounding purplish hue.¹ They are an example of ectopic varices, that is, dilated portosystemic collateral veins in unusual sites. Ectopic varices account for approximately 1–5% of all variceal bleeding and only rarely have they been reported in ileal conduit stomas.² Bleeding due to stomal varices can lead to significant haematuria and blood loss, and early recognition is vital.

Management is challenging; local treatment, including pressure, cautery, sclerotherapy and suture ligation, may be effective in the short term.¹ However, if these fail to halt recurrent bleeding, management of underlying liver disease and portal hypertension is required. β -Blockers, somatostatin analogues and vasopressin have been used to reduce portal hypertension, but some patients require surgical or radiologically guided shunts to decompress the portal venous system.³

Surgeons should consider this unusual cause in their differentials for haematuria in the radical cystectomy patient.

Learning points

- ▶ Stomal varices are a rare cause of haematuria from ileal conduits and may lead to significant blood loss.
- ▶ Stomal varices are characterised by purplish peri-stomal discolouration.
- ▶ Local management may be employed; however, recurrent bleeding requires management of underlying portal hypertension with medications or surgical shunting.

Contributors S-ML drafted the manuscript. KY critically revised the manuscript and obtained the image. TC critically revised the manuscript and had final approval.

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Figure 1 Ileal conduit stoma with suture ligated varices at the mucocutaneous junction. Peri-stomal purplish discolouration is noted, characteristic of stomal varices.

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