

Clinical Image in Gastroenterology

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1. Clinical Image

In the Western countries, portal hypertension (PH) is the most common complication of liver cirrhosis, being ascites, gastrointestinal bleeding due to varicose veins, and hepatic encephalopathy the most frequent complications. However, other lesser-known entities that are also associated with changes in the gastrointestinal microvasculature, such as PH enteropathy, can be observed. In this sense, due to its simplicity and non-invasive nature capsule endoscopy has become an essential tool.

We present the case of a patient with alcoholic cirrhosis (Child Pugh B-9, MELD 12), iron deficiency anemia, small esophageal varices and colonic diverticula in conventional endoscopy, as well as changes in the small bowel mucosa during enteroscopy with capsule endoscopy that suggests PH enteropathy. As we can see in the images, the vascular lesions -angiectasia and varicose veins- (B, C) as well as the non-vascular lesions-inflammatory type lesions, red spots or edema / vascular congestion- (D, E) are the most common presentation. Indeed, capsule endoscopy also confirmed the presence of a well-known PH gastropathy (A) and de novo colopathy (F).

It has been observed how patients with Child-Pugh stages B and C, esophageal varices, low levels of hemoglobin or lesions compatible with gastropathy and / or portal hypertensive colopathy present a higher prevalence of PH enteropathy. Currently, given the limited evidence in this regard there are no specific recommendations for its management, being the use of betablockers, somatostatin or coagulation with argon gas some of them.



Figure 1: HP gastropathy.



Figure 2: HP enteropathy: edema.



Figure 3: HP enteropathy: varices



Figure 4: HP colopathy.