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## *Images in Clinical Practice*

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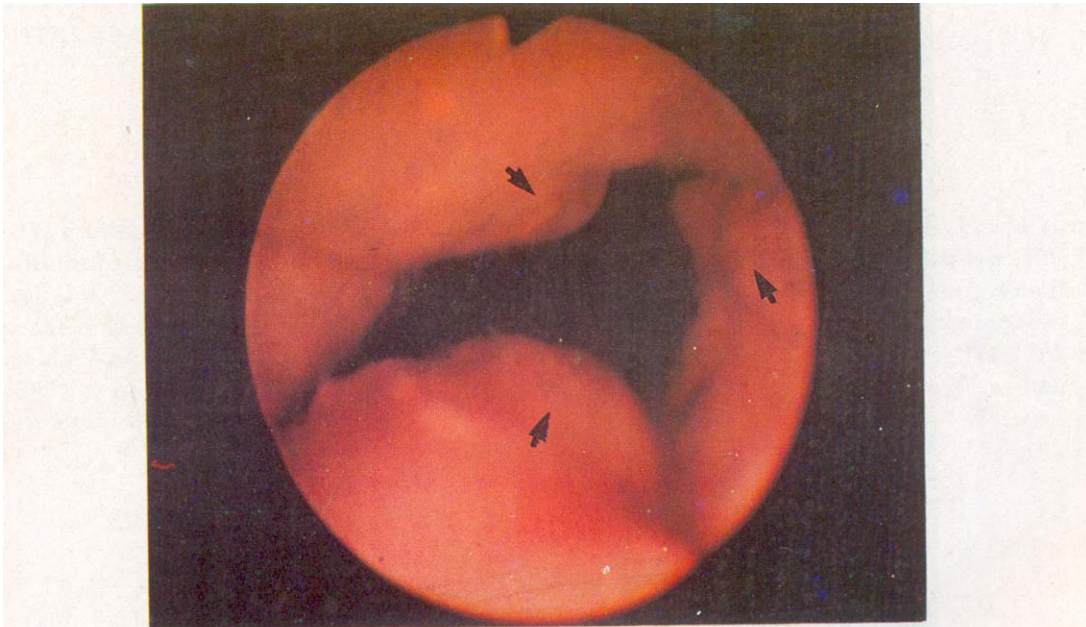
### **Esophageal Varices**

A 4-year-old boy presented with two episodes of hematemesis and melena. There was no history of jaundice, ascites or encephalopathy. On examination, anemia and moderate splenomegaly were noted. He had microcytic hypochromic anemia. Ultrasonography showed portal cavernoma, splenomegaly and few collateral veins at the splenic hilum with normal size and echotexture of the liver. Upper gastrointestinal endoscopy showed Grade III esophageal varices (*Fig. 1*). He was treated with endoscopic injection sclerotherapy of varices, and received iron supplementa-

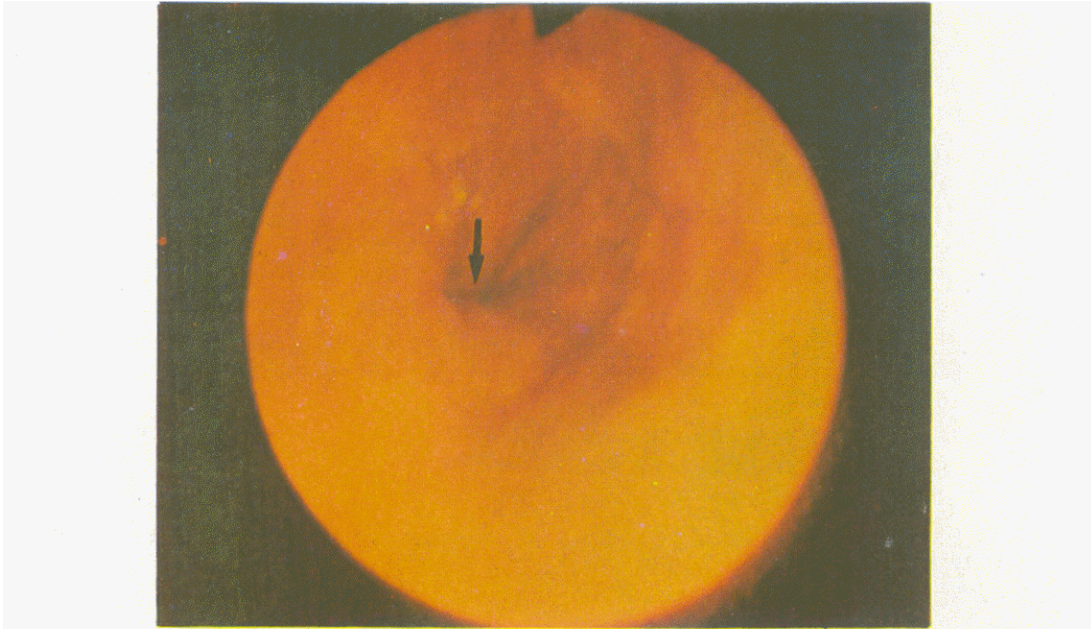
tion. After three injections of sclerosants his varices decreased to Grade I. There was no recurrence of bleeding or anemia.

### **Postsclerotherapy Esophageal Stricture**

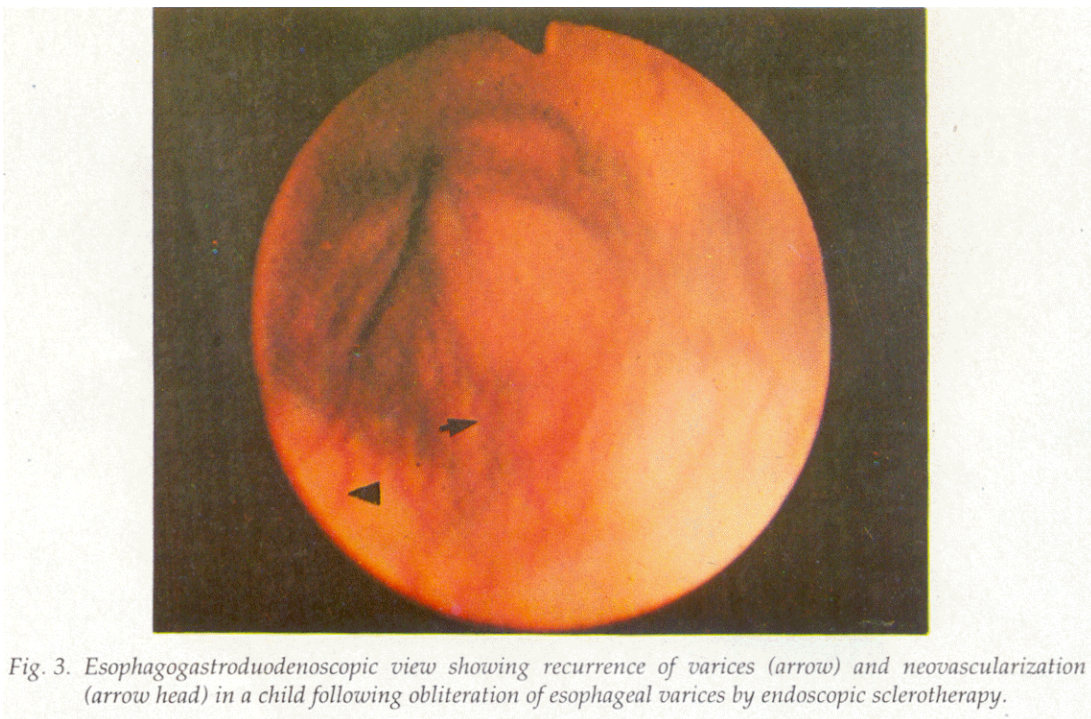
This 7-year-old boy had extra-hepatic portal venous obstruction with bleeding esophageal varices. He was treated with endoscopic sclerotherapy and received five intravariceal injections following which esophageal varices were obliterated. At the next follow up visit, he presented with dysphagia to solids. At this stage endoscopy showed a stricture at the lower end of esophagus (*Fig. 2*). Endoscopic dilatation was done with Savary Guilhard dilators (dilated upto 14 mm) in three separate sittings. Following dilatation, this boy became symptom free.



*Fig. 1. Upper gastrointestinal endoscopic view of a child with portal vein thrombosis and hematemesis showing esophageal varices (arrows).*



*Fig. 2. Postsclerotherapy stricture lower end of esophagus (arrow) in a child with portal vein thrombosis; esophageal varices eradicated.*



*Fig. 3. Esophagogastroduodenoscopic view showing recurrence of varices (arrow) and neovascularization (arrow head) in a child following obliteration of esophageal varices by endoscopic sclerotherapy.*

**Neovascularization and Recurrence of Esophageal Varices After Sclerotherapeutic Eradication**

An 11-year-old girl presented with history of recurrent upper GI bleed of 3 years duration. After investigations a diagnosis of extrahepatic portal venous occlusion was made. Endoscopy showed three columns of Grade III esophageal varices which required a total of 6 injections of sclerotherapy for complete obliteration. Thereafter, she was on 3 monthly endo-

scopic follow-up. Endoscopy done 1 year after obliteration of varices showed neovascularization and recurrence of two columns of Grade I-II esophageal varices (Fig. 3).

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