

## Umbilical Varix in a Cirrhotic Patient

Jana G. Hashash, MD<sup>1</sup>, Amir Borhani, MD<sup>2</sup>, Mordechai Rabinovitz, MD<sup>1</sup>, and John Y. Nasr, MD<sup>1</sup>

<sup>1</sup>Division of Gastroenterology, Hepatology, and Nutrition, University of Pittsburgh, Pittsburgh, PA

<sup>2</sup>Department of Radiology, University of Pittsburgh, Pittsburgh, PA

### Case Report

A 46-year-old male with alcohol-induced Child's class A liver cirrhosis (MELD 10) presented with profuse bleeding from his umbilicus. The patient described being at his usual state of health until 2 hours prior to presentation, at which time he experienced blood spurting from his umbilicus. He immediately applied local pressure to his abdomen and presented to our hospital. The patient denied associated abdominal pain, chest pain, nausea, vomiting, or gastrointestinal bleeding. He denied prior similar bleeding episodes, lightheadedness, dizziness, visual blurriness, or palpitations. On examination, he had normal vital signs and a small, reducible umbilical hernia with an overlying blood clot, but no active bleeding. He had mild splenomegaly and evidence of caput medusae without ascites. He had a normal complete blood count, comprehensive metabolic panel, and an INR of 1.2. Abdominal and pelvic computed tomography (CT) revealed umbilical varices as the cause of the bleeding (Figure 1). The umbilical varices appeared to originate from the splenic vascular bed. The patient was taken to surgery for ligation of the umbilical variceal feeding vessel. He had no recurrence of bleeding over the next 12 months. Portal hypertension-associated bleeding is one of the well-known complications of liver cirrhosis. Cutaneous bleeding from umbilical varices, however, is an extremely rare complication of portal hypertension, and bleeding from ruptured umbilical varices tend to be severe and fatal.<sup>1</sup> Management of bleeding umbilical varices has been surgical, but one reported case was treated with creation of a transjugular intrahepatic portosystemic shunt for portal venous pressure decompression.<sup>2</sup> Our case is unique in that the origin of the umbilical varix was the splenic venous system.



**Figure 1.** Preoperative abdominal CT of a cirrhotic patient showing umbilical varices.

### Disclosures

Author contributions: JG Hashash designed the study, acquired, analyzed, and interpreted the data, drafted the manuscript, and is the article guarantor. A. Borhani acquired and interpreted the data. M. Rabinovitz acquired the data and revised the manuscript. JY Nasr acquired, analyzed, and interpreted the data, and drafted the manuscript.

Financial disclosure: None to report.

Informed consent was obtained for this case report.

Received: June 6, 2014; Accepted: August 15, 2014

### References

1. Hoi KY, Mignanelli ED, Lightfoot D. Fatal haemorrhage from a caput medusae: A differential to a stabbing. *Emerg Med Australas.* 2007;19(2):173–175.
2. Hassoun Z, Pomier-Layrargues G, Lafortune M, et al. Umbilical hemorrhage from a cutaneous varix treated by transjugular intrahepatic portosystemic shunt (TIPS). *Am J Gastroenterol.* 2000;95(8):2139–2140.

*ACG Case Rep J* 2014;2(1):13. doi:10.14309/crj.2014.68. Published online: October 10, 2014.

**Correspondence:** Jana Hashash, University of Pittsburgh, Gastroenterology, Hepatology, and Nutrition, 200 Lothrop Street C-wing, M2 level, Pittsburgh, PA, 15213 (alhashashj@upmc.edu).



**Copyright:** © 2014 Hashash et al. This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 3.0 Unported License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-nd/3.0>.