

*Letter to the editor*

## Esophageal pseudodiverticulum after sclerotherapy

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**To the Editor:** Sir, A thirty-two year old man was admitted to our Department with symptoms of upper gastrointestinal tract bleeding.

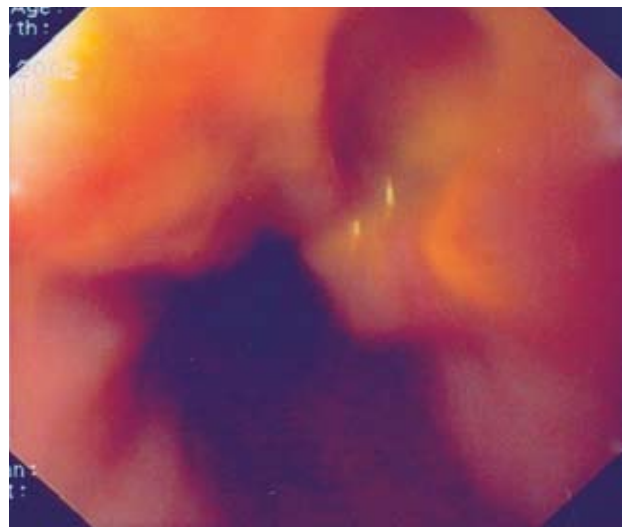
The patient was an alcohol abuser for the last ten years and was diagnosed one year ago with esophageal varices and alcoholic cirrhosis. The patient underwent several endoscopic sclerotherapy sessions with injections of ethanolamine olate. On the last upper endoscopy, two months after the last sclerotherapy session, a small pseudodiverticulum was seen near the gastroesophageal junction obviously at a site of previous sclerosant injection. The varices were occluded and hardly seen.

Sclerotherapy with ethanolamine olate is an effective and safe treatment for acute variceal bleeding and has been the treatment of choice for many years despite few side effects such as re-bleeding due to deep ulcers, pseudodiverticula formation, strictures and extremely rarely esophageal perforation.<sup>1-3</sup> The new treatment modality, variceal band ligation, has similar efficacy and an improved safety profile with fewer side effects.

1. Ashida H, Kotoura Y, Nishioka A, Takagi K, Yoshikawa H, Ishikawa Y, et al. Portal and mesenteric venous thrombosis as a complication of endoscopic sclerotherapy. *Am J Gastroenterol* 1989; 84:306-10.
2. Avgerinos A, Armonis A, Manolakopoulos S, Poulianos G, Rekoumis G, Sgourou A, et al. Endoscopic sclerotherapy versus variceal ligation in the long-term

management of patients with cirrhosis after variceal bleeding. A prospective randomized study. *J of Hepatol* 1997; 26:1034-41.

3. Bhargava DK, Acharya SK, Tandon BN, Nundy S. Endoscopic sclerotherapy for active variceal haemorrhage in patients not responding to balloon tamponade & vasopressin. *Indian Journal of Medical Research* 1985; 81:175-9.



**Figure.** Esophageal pseudodiverticulum at the site of previous ethanolamine olate injection.

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