

# PULMONARY SPARING - MULTI ORGAN GLUE EMBOLISM

Dott. NEHA SRIVASTAVA (1)

(1) BHRUT, Romford, London, Inghilterra.

Argomento: Caso clinico

Histoacryl endostasis is used in patients with large varices and not amenable to surgery or admitted to centres that do not have TIPSS. This case report describes a 49 year old patient who developed glue embolism to multiple organs following endoscopic haemoeostasis. . She was known to have Child-Pugh class C liver cirrhosis secondary to alcoholic liver disease requiring multiple ascitic taps and OGD within past 3 months. She was admitted to with a two-day history of coffee coloured vomitus and *melaena*. She was then taken to theatre for urgent OGD - where gastric varix glued and esophageal varix were banded however, still being unable to achieve haemostasis so, Sengstaken Blakemore tube was also placed. On repeat bleeding from a banded varix, within 12 hours, she required further glue mix injected to other esophageal varix. Upon return to the ITU she rapidly deteriorated in terms of her oxygen requirements, cardiovascular stability, neurology and renal functions. CTPA revealed embolisation of glue material scattered throughout the liver, small foci within the inferior spleen ,bilaterally within the renal cortices and lower pole of right kidney BUT both the consolidated lung bases spared from embolism. There were also small foci within the left ventricle and within the coronary arteries. CTH CAP two days later showed bilateral occipital infarcts with evidence of widespread embolisation in the brain. Patient was immediately transferred to specialized Hepatology centre. However, she deteriorated rapidly and died.

