



Gastric varices: Endoscopic view

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Images in Clinical Medicine

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A 60-year-old man was referred to our clinic with new-onset dyspepsia. Our patient was a known case of nonalcoholic fatty liver disease (NAFLD), hypertension, diabetes mellitus type II, and coronary artery disease (CAD). On physical examination, vital signs were normal, but mild splenomegaly was noted that was confirmed by abdominal ultrasound.

Due to unexplained dyspepsia and age over 40 years, the patient underwent upper gastrointestinal endoscopy. No abnormality was seen in the esophagus, but large gastric fundic varices were seen (Figure 1). Biopsy urease test was performed as diagnostic test



Figure 1. Large gastric fundic varices

for *Helicobacter pylori*, which was positive.^{1,2}

Finally, the patient was discharged with propranolol (nonselective beta blocker) as a primary prophylaxis against variceal hemorrhage, and antibiotic regimen to treat *Helicobacter pylori*.^{1,2}

NAFLD is a sinusoidal cause of non-cirrhotic portal hypertension; therefore, if these patients present with upper gastrointestinal symptoms such as dyspepsia or bleeding, gastric or esophageal varices should be considered.

Conflict of Interests

Authors have no conflict of interests.

References

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