

Multiple pulmonary emboli caused by cyanoacrylate injection incidentally detected on computed tomography angiography

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A 73-year-old man, who had previously been diagnosed with cirrhosis, was admitted to the hospital with abdominal distension. Endoscopic cyanoacrylate had been injected into bleeding gastric fundus varices 3 months earlier. Abdominal computed tomography showed hyperdense curvilinear materials at the gastric fundus, extending into the lumen of the varices and passing from the stomach posteroinferiorly towards the left renal vein (**Figure 1a**). Computed tomography of the thorax demonstrated multiple opacities in bilateral pulmonary artery branches (**Figure 1b**). The patient was diagnosed as having a pulmonary embolism caused by glue treatment of gastric varices.

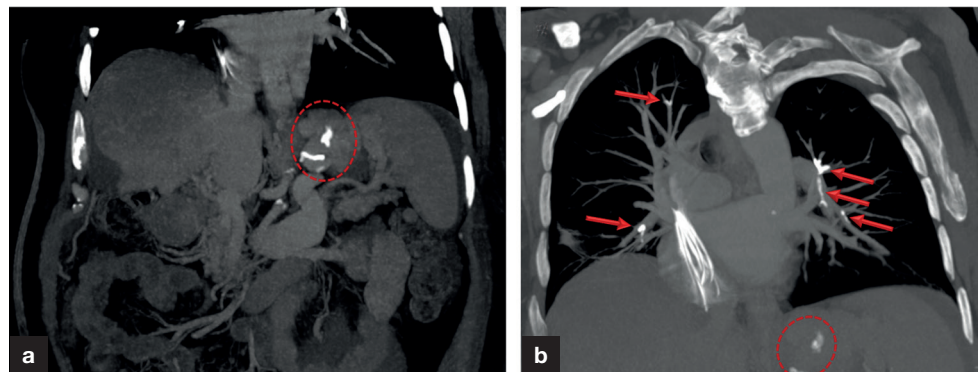


Figure 1. a. Coronal abdominal computed tomography shows hyperdense curvilinear materials (circles) at the gastric fundus extending into the lumen of the perigastric varices. b. Coronal maximum intensity projection computed tomography scan reveals multiple opacities cause to the filling defects of bilateral pulmonary artery branches (arrows).

Transendoscopic glue (N-butyl-2-cyanoacrylate) injection is widely used and is a recommended treatment for bleeding gastro-oesophageal varices. A small number of cases of pulmonary embolism associated with N-butyl-2-cyanoacrylate injection into bleeding gastro-oesophageal varices has been reported (Hwang et al, 2001). This article presents a rare case of asymptomatic and incidentally detected pulmonary embolism caused by cyanoacrylate application.

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Reference

Hwang SS, Kim HH, Park SH et al. N-butyl-2-cyanoacrylate pulmonary embolism after endoscopic injection sclerotherapy for gastric variceal bleeding. *J Comput Assist Tomogr.* 2001;25(1):16–22. <https://doi.org/10.1097/00004728-200101000-00003>