American College of Radiology  
ACR Appropriateness Criteria®

Radiologic Management of Gastric Varices

Variant 1:  Cirrhotic patient with active bleeding from large high flow gastric varices, significant portal hypertension, and a MELD score of 14. CT demonstrates a large gastrorenal shunt.

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  - Endoscopic management: 26 (11287510), 36 (20594229), 39 (27234486)
  - TIPS: 33 (15802443)

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### Partial splenic embolization

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Variant 5: Cirrhotic patient bleeding from esophageal varices and gastric varices not amenable to endoscopic management with a MELD score of 13 and a hepatic wedge pressure of 22 mmHg. CT demonstrates a small gastrorenal shunt.
Partial splenic embolization

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- 67 (18019732) - Study Quality: 3

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- 55 (18647931) - Study Quality: 4
- 62 (14695698) - Study Quality: 4
- 63 (20172743) - Study Quality: 4
- 85 (18528292) - Study Quality: 2

Variant 6: Cirrhotic patient bleeding from large high flow gastric varices with a MELD score of 12 and a hepatic wedge pressure of 10 mmHg. MRI demonstrates a large gastrorenal shunt.
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References

- **TIPS**
  - Study Quality: Good
  - References: 60 (25519690)

- **Endoscopic management**
  - Study Quality: Limited
  - References: N/A

- **Partial splenic embolization**
  - Study Quality: Limited
  - References: 9 (17380280)

- **Surgical management**
  - Study Quality: Limited
  - References: 67 (18019732), 68 (28494001)

Variant 7: Patient with gastric variceal bleeding, found to have chronic splenic vein occlusion on MRI.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appropriateness Category</th>
<th>SOE</th>
<th>Adults RRL</th>
<th>Peds RRL</th>
<th>Rating</th>
<th>Median</th>
<th>References</th>
<th>Study Quality</th>
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<td>Limited</td>
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**Variant 8:** Patient with chronic intrahepatic and extrahepatic portal vein occlusion with cavernous transformation on CT with gastric variceal bleeding.

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<th>Rating</th>
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<td>Final Tabulations</td>
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| Partial splenic embolization                                 | May be appropriate | Limited | N/A | N/A | 6 | 6 | 0 | 0 | 0 | 1 | 1 | 6 | 3 | 0 | 0 |
|-------------------------------------------------------------|-------------------|--------|-----|-----|---|---|---|---|---|---|---|---|---|---|
| References                                                  | Study Quality     |
| 108 (26192300)                                              | 4                 |
| 109 (28643575)                                              | 4                 |
| 110 (15175899)                                              | 4                 |

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<table>
<thead>
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<th>BRTO</th>
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| References                                                  | Study Quality     |
| 107 (24497799)                                              | 4                 |
Appendix Key
A more complete discussion of the items presented below can be found by accessing the supporting documents at the designated hyperlinks.

**Appropriateness Category:** The panel's recommendation for a procedure based on the assessment of the risks and benefits of performing the procedure for the specified clinical scenario.

**SOE:** Strength of Evidence. The assessment of the amount and quality of evidence found in the peer reviewed medical literature for an appropriateness recommendation.

- **References:** The citation number and PMID for the reference(s) associated with the recommendation.
- **Study Quality:** The assessment of the quality of an individual reference based on the number of study quality elements described in the reference.

**RRL:** Relative Radiation Level. A population based assessment of the amount of radiation a typical patient may be exposed to during the specified procedure.

**Rating:** The final rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

**Median:** The median rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

**Final tabulations:** A histogram showing the number of panel members who rated the procedure as noted in the column heading (ie, 1, 2, 3, etc.).

Additional supporting documents about the AC methodology and processes can be found at www.acr.org/ac.