Gastric varices are less frequently to rupture than esophageal varices. However rupture of gastric varices is more critical than that of esophageal rupture.

Various kinds of treatment for gastric varices have been applied, such as surgery, endoscopic procedures and interventional radiology. Interventional radiological procedures are divided into the following two techniques. One is a new shunt creation, which is a decompression treatment for portal hypertension. That representative technique is transjugular intrahepatic portsystemic shunt (TIPS). The other is a shunt occlusion, which diminishes the gastric varices and gastrorenal shunt such as balloon-occluded retrograde transvenous obliteration (B-RTO) and percutaneous transhepatic obliteration (PTO).

TIPS has been adapted as a decompression treatment for portal hypertension. Its mortality rate is lower than that of surgical shunts. TIPS is recognized as a safe and effective treatment for esophagogastric varices.

In Korea and Japan B-RTO has been widely accepted for gastric varices with gastrorenal shunts due to its less-invasive and effectiveness. B-RTO is the obliteration technique via afferent veins with transfemoral approach or with transjugular approach. However, it is difficult that B-RTO is applied for the cases with several collateral afferent veins and we have to reduce the several afferent veins to the main afferent vein by some additional procedures such as the embolization of collateral veins to complete the procedure. And B-RTO cannot be applied for gastric varices without gastrorenal shunt.

PTO is the transhepatic obliteration technique via efferent veins. So PTO is a more invasive procedure than B-RTO and includes the risk of bleeding complication, especially in cases with ascites. But it is applied as an effective treatment for gastric varices without gastrorenal shunt.

In this session, the current situation of interventional procedures for gastric varices, especially focusing on B-RTO, will be presented.