A 30-year-old woman presented with a 3-year history of recurrent melena, without haematemesis, abdominal pain or fever. The lowest hemoglobin was 30 g/L. She had a history of congenital choledochal cyst and underwent extrahepatic bile duct resection with Roux-en-Y cholangiojejunostomy 26 years ago. Eight years before, she got abdominal cavity infection following by pancreatic pseudocyst. Gastroscopy and colonoscopy showed no bleeding lesions. Computed tomography scan revealed portal vein cavernous transformation (Figure 1A, red arrow) at bilioenteric anastomosis (Figure 1A, yellow arrow). Roux-en-Y loop varices (Figure 1B, white arrow) bleeding due to portal hypertension caused by portal vein cavernous transformation (Figure 1B, red arrow) was suspected. She received treatment for this obscure gastrointestinal bleeding but eventually died of massive hemorrhage.

![Image](image.png)

Figure 1 CT scan image showing portal vein cavernous transformation at bilioenteric anastomosis. (A) Portal vein cavernous transformation (red arrow) and bilioenteric anastomosis (yellow arrow); (B) portal vein cavernous transformation (red arrow) and Roux-en-Y loop varices (white arrow).
Acknowledgments

None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Written informed consent was obtained from the patient for publication of this manuscript and any accompanying images.