

PICTURES IN DIGESTIVE PATHOLOGY

Effectiveness of arterial embolization in recurrent bleeding due to duodenal ulcer during postoperative cardiac surgery

Caridad Marín-Hernández¹, Pablo Ramírez-Romero¹, Rubén Jara², Daniel Carbonell³ and Pascual Parrilla¹

¹Department of General Surgery, ²Intensive Care Unit, and ³Interventional Radiology Unit. Hospital Universitario Virgen de la Arrixaca. El Palmar, Murcia, Spain

INTRODUCTION

Upper gastrointestinal bleeding is one of the most frequent complications after cardiac surgery, and endoscopic treatment (ET) is often the first-choice procedure. When it fails, surgery can be an option but it has significant mortality and morbidity (1). We propose arterial embolization (transcatheter arterial embolization, TAE) as an alternative treatment in selected cases.

CASE REPORT

We present the case of a 60-year-old man with three vessel coronary artery disease treated with a by-pass. During the early-postoperative period he suffered an upper gastrointestinal bleeding due to multiple duodenal ulcers. Initially, endoscopic treatment was used up to five times. Due to recurrent bleeding, a selective gastroduodenal artery angiography was performed, showing continuous bleeding of the small terminal branches of duodenal arteries (Fig. 1). Gastroduodenal artery embolization was performed in the origin of the duodenal branches with Nester[®] microcoils. The patient did not present other bleeding episodes.

DISCUSSION

Upper gastrointestinal bleeding is a frequent complication after cardiac surgery with successful endoscopic management in 90% of the cases. In persistent hemorrhage cases, a surgical approach is the treatment of choice with its associated morbidity and mortality. TAE is an intermediate resource, less aggressive than surgery, with a 92% of success rate (2,3). The main disadvantage of TAE is the need for experts in these Interventional Radiology techniques to ensure success. However, multidisciplinary treatment is increasingly being accepted in referral centers.

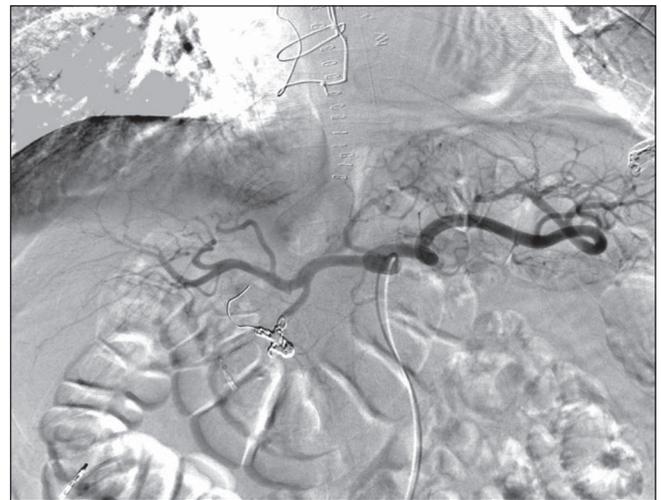


Fig. 1. Angiography showing the celiac trunk disposition and gastroduodenal artery. An active bleeding point can be seen as a contrast extravasation into the intestinal lumen, together with intestinal wall edema and possible bleeding of the distal duodenal branches from the gastroduodenal artery.

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