LETTERS TO THE EDITOR

A Dieulafoy’s lesion in a duodenal diverticulum. An infrequent cause of UGIB

Key words: Dieulafoy. UGIB.

Dear Editor,

In relation to the article published in this journal by Relea-Pérez et al. (1), we have recently diagnosed a digestive hemorrhage secondary to a Dieulafoy’s lesion in a duodenal diverticulum. This was effectively treated by endoscopy.

Case report

We present the case of an 82-year-old man with a history of heart failure, mitral regurgitation, type 2 diabetes mellitus (DM), hypertension, dilated cardiomyopathy and a paroxysmal atrial flutter. The patient was under treatment with sintrom.

The patient presented to the Emergency Department due to melenic depositions of a one day evolution and dietary vomiting. There was no rectal bleeding and the patient was admitted three months previously due to self-limited melena with a normal gastroscopy.

Anemia of 8 g and an overdose of sintrom was diagnosed. A gastroscopy was performed and a large duodenal diverticulum with a fresh clot was found and washed. A Dieulafoy’s lesion was subsequently found underneath with jet bleeding, which was sclerosed with adrenaline and a hemoclip. There was a favorable evolution after correcting the coagulopathy.

Discussion

The Dieulafoy’s lesion is an infrequent cause of digestive bleeding (1.5%) (2) and is more frequent in patients of advanced age with comorbidities. The association between systemic diseases such as liver cirrhosis and chronic renal failure (CRF) and vascular lesions in the digestive tract, such as angiodysplasias and antral vascular ectasia, is well known (3). This type of disorder possibly alters normal angiogenesis and conditions the appearance of aberrant arterial neovessels that can erode under stress conditions. This lesion is also associated with anticoagulant treatment in half of the cases (2). The most frequent location is the stomach (60.97%), followed by the duodenum (29.26%) (2). The treatment is endoscopic with argon, hemoclips and endoclips.

Fig. 1. A Dieulafoy’s lesion in a duodenal diverticulum with jet bleeding that was subsequently treated with adrenaline and endoclips.
endoscopic band ligation (EBL), either alone or combined with an adrenaline injection, which are more effective than injecting sclerosing substances as a monotherapy (4).

References


