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Authors:
Pablo Menéndez Sánchez, Carlos León Salinas, Alberto García

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Consequences of a Dieulafoy's lesion in gastric surgery

Pablo Menéndez-Sánchez, Carlos León-Salinas and Alberto García-Carranza

Department of General and Digestive Surgery. Hospital Gutiérrez Ortega. Ciudad Real, Spain

Correspondence: Pablo Menéndez Sánchez
e-mail: pablomensan@hotmail.com

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Dear Editor,

In relation to the articles published in this journal by Valdivielso-Cortázar (1) and Relea-Pérez (2), we have recently operated on a patient who presented with a digestive hemorrhage during the immediate postoperative period due to a Dieulafoy's lesion at the mechanical gastrojejunal anastomosis.

Case report

We present the case of a 69-year-old male with multiple pathologies and double platelet anti-aggregation due to neurological pathology. He was diagnosed with a duodenal neuroendocrine tumor and an antrectomy was performed with reconstruction in Roux-en-Y. During the immediate postoperative period, he presented hematemesis with anemization and hemodynamic instability. An endoscopy was performed after stabilization and arterial bleeding was observed in the gastric side of the anastomosis. The lesion was sclerosed with diluted adrenaline, endoclips, argon gas and Hemospray™. Hemoclips were placed near the first lesion, at the level of the anastomosis, which controlled the arterial bleeding. However, 72 hours after admission in the ICU, he presented with a new digestive hemorrhage secondary to a deep ulcer on the posterior side of the lesser curvature, which was sclerosed with adrenaline and Hemospray™. The patient died on the seventh postoperative day due to pulmonary complications and multi-organ failure.

Discussion

A Dieulafoy's lesion is described as a tortuous, submucosal artery in the gastrointestinal tract that

penetrates through the mucosa, eventually perforating and causing gastrointestinal bleeding. A Dieulafoy's lesion can be seen on enhanced computed tomography (CT) of the abdomen (3). Preoperative detection of a Dieulafoy's lesion would have enabled a different surgical plan and an early diagnosis of the surgical complication. In the current case, the hemorrhage was thought to be due to the stapling line of the mechanical anastomosis and the short debit of the drainage. However, the patient had a tendency to bleed during the intraoperative period, probably due to the chronic treatment of double antiplatelet therapy.

References

1. Valdivielso Cortázar E, Madarnás Alonso L, Ortíz Marín S, et al. Duodenal diverticular bleeding: an endoscopic challenge. Rev Esp Enferm Dig 2017;109(6):468-9. DOI: 10.17235/reed.2017.4755/2016

2. Relea Pérez L, Magaz Martínez M, Pons Renedo F. Massive upper gastrointestinal bleeding due to a Dieulafoy's lesion inside a duodenal diverticulum. Rev Esp Enferm Dig 2017;109(12):876-7. DOI: 10.17235/reed.2017.5200/2017

3. Batouli A, Kazemi A, Hartman MS, et al. Dieulafoy lesion: CT diagnosis of this lesser-known cause of gastrointestinal bleeding. Clin Radiol 2015;70(6):661-6. DOI: 10.1016/j.crad.2015.02.005