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Authors:

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DOI: 10.17235/reed.2019.5978/2018

Link: [PubMed \(Epub ahead of print\)](#)

Please cite this article as:

Shi Lei, Chu Yi, Zhu Hongyi. Successful endoscopic diagnosis and treatment of a Dieulafoy lesion in a large periampullary diverticulum. Rev Esp Enferm Dig 2019. doi: 10.17235/reed.2019.5978/2018.



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CE 5978

Successful endoscopic diagnosis and treatment of a Dieulafoy lesion in a large periampullary diverticulum

Lei Shi¹, Yi Chu² and Hongyi Zhu²

¹Department of Gastroenterology. The Eighth Affiliated Hospital of Guangxi Medical University. Guangxi Zhuang Autonomous Region, China. ²Department of Gastroenterology. The Second Xiangya Hospital of Central South University. Department of Gastroenterology. Changsha, Hunan. China

Correspondence: Hongyi Zhu

e-mail: hongyizhu@csu.edu.cn

Key words: Dieulafoy lesions. Periampullary diverticulum. Bleeding. Endoscopy.

Dear Editor,

In relation to the articles published in this journal by Relea Pérez L et al. (1) and De Benito Sanz M et al. (2), we have recently diagnosed a massive upper gastrointestinal tract bleed due to typical Dieulafoy lesions in the large periampullary diverticula.

Case report

A 62-year-old female was referred to the hospital due to hematemesis and melena of a two-day duration. Endoscopy showed a massive periampullary diverticula at the margin of a large (about 4 cm) diverticulum near the duodenal papilla where a vessel stump was oozing with blood (Fig. 1A). Four rotatable hemostatic hemoclips were released to clip the bleeding vessel and the surrounding mucosa (Fig. 1B), which completely controlled the bleeding. Another endoscopy performed three days later showed that the hemoclips remained in place. There was no recurrent bleeding.

Discussion

A Dieulafoy lesion is an arteriovenous malformation found in the gastrointestinal (GI) tract and is a rare cause of GI bleeding. The periampullary diverticulum is an embryonic remnant of the GI duct. An upper GI contrast study and endoscopy is the modality of choice for the detection of periampullary diverticula. Although endoscopic treatment of Dieulafoy lesions is well-known, conservative management including fasting, nutritional support and treatment with proton pump inhibitors is typically recommended as the initial management strategy. Surgical intervention is required if medical treatment fails or in the case of severe bleeding. The standard techniques for endoscopic control of bleeding after therapeutic endoscopy are not established. The diagnosis of our case was confirmed by endoscopy and the patient was treated with endoscopic hemoclippping, followed by a conservative care of the bleed to avoid additional surgery.

References

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2. De Benito Sanz M, Cimavilla Román M, Torres Yuste R. A Dieulafoy's lesion in a duodenal diverticulum. An infrequent cause of UGIB. *Rev Esp Enferm Dig* 2018;110(4):266-7. DOI: 10.17235/reed.2018.5396/2017

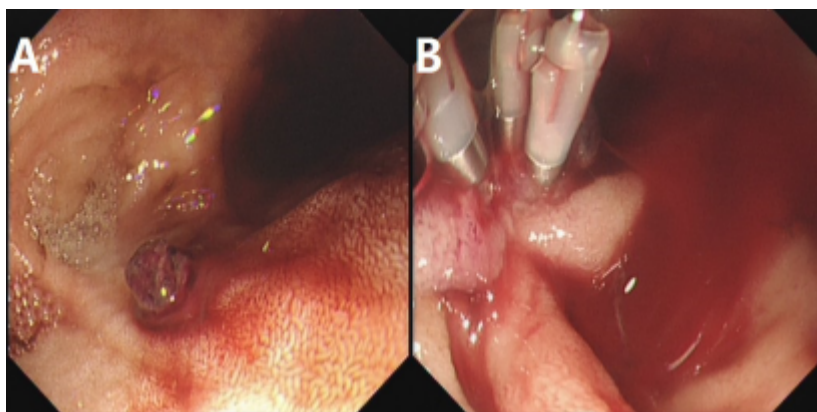


Fig. 1. A. Endoscopic view of the Dieulafoy lesion in the periampullary duodenal diverticulum. B. Hemoclips were applied directly to the lesion.