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Endoscopic treatment of cecal Dieulafoy's lesion. An uncommon cause of massive lower gastrointestinal bleeding

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Key words: Lower gastrointestinal bleeding. Endoscopic treatment. Cecal Dieulafoy's lesion.

We present the case of a 71-years-old male with a history of pulmonary adenocarcinoma with palliative treatment. He was admitted to our hospital with hematochezia and anemia (Hemoglobin 10.6 g/dl).

The colonoscopy showed abundant blood clots without any source of active bleeding. He presented with a new episode of lower gastrointestinal bleeding (LGIB) with unstable condition and new anemization (Hemoglobin 7.8 g/dl), so an abdominal CT-angiography was performed with active extravasation to the cecal lumen as the possible source of LGIB (Fig.1A). A repeated urgent colonoscopy revealed after careful inspection and instillation an oozing Dieulafoy's lesion in the cecum (Fig.1B and 1C). Successful combined endoscopic therapy was applied with argon plasma coagulation followed by clip placement (Fig.1D and 1E). The patient was discharged without any new episodes of LGIB or need for reintervention, and 4 months later remain asymptomatic without further bleeding.

Dieulafoy's lesion is an aberrant submucosal vessel that may erode the epithelium leading to gastrointestinal bleeding. It accounts for 1%–2% of all gastrointestinal

bleeding with only 2% reported cases in the colon and rectum(1). Most cases were men ≥ 50 years old and usually asymptomatic. The diagnosis is made endoscopically although abdominal CT angiography may be helpful in some cases (2)(3).

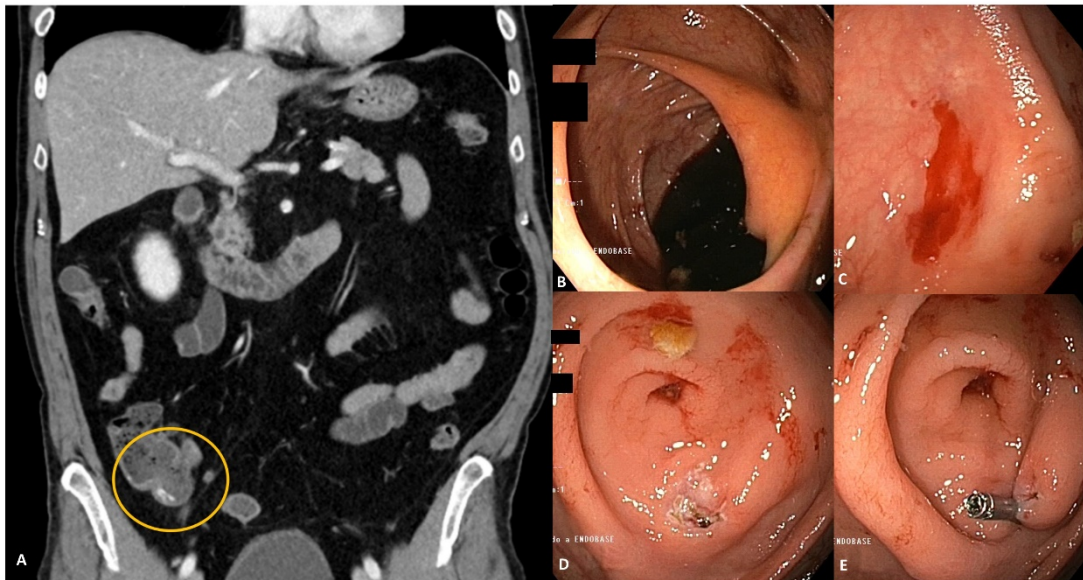
Endoscopic therapy is the preferred choice with mechanical methods reported better results than injection of sclerosant (4). Even some successful case of band ligation has been reported in the rectum (5). Although there is a lack of randomized studies assessing the optimal treatment.

As conclusion, colonic Dieulafoy's is a rare cause of LGIB but should be kept in mind in the differential diagnosis of recurrent colonic bleeding.

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Fig. 1 A. Abdominal CT scan showing a contrast extravasation to the cecal lumen. **B.** Endoscopic view of the cecum with abundant blood clots. **C.** Oozing Dieulafoy's lesion can be observed nearby the appendiceal orifice. **D.** Hemostasis is achieved after applied of argon plasma coagulation. **E.** No active bleeding is observed after hemoclip



placement.

Accepted