REVISTA ESPAÑOLA DE
ENFERMEDADES DIGESTIVAS
The Spanish Journal of Gastroenterology

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

Authors:
Esteban Fuentes-Valenzuela, Beatriz Burgueño-Gómez, Carlos Chavarría

DOI: 10.17235/reed.2021.8480/2021
Link: PubMed (Epub ahead of print)

Please cite this article as:
Fuentes-Valenzuela Esteban, Burgueño-Gómez Beatriz, Chavarría Carlos. Endoscopic treatment of cecal Dieulafoy's lesion. An uncommon cause of massive lower gastrointestinal bleeding. Rev Esp Enferm Dig 2021. doi: 10.17235/reed.2021.8480/2021.

REVISTA ESPAÑOLA DE
ENFERMEDADES DIGESTIVAS
The Spanish Journal of Gastroenterology

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

Esteban Fuentes-Valenzuela, Beatriz Burgueño-Gómez, Carlos Chavarría

Gastroenterology Department. Hospital Universitario Río Hortega, Valladolid

Corresponding author: Esteban Fuentes-Valenzuela. Gastroenterology Department. Hospital Universitario Rio Hortega, Valladolid, Spain. st Dulziana 2. 47012. Valladolid, Spain. Email: estebanfuentes_2@hotmail.com

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.

References

1. Baxter M, Aly EH. Dieulafoy's lesion: current trends in diagnosis and management. Ann R Coll Surg Engl. 2010; 92(7):548.
2. Inayat F, Ullah W, Hussain Q, Abdullah HMA. Dieulafoy's lesion of the colon and rectum: a case series and literature review. BMJ Case Rep. 2017 Oct 25;2017:bcr2017220431.
3. Gil Bernal A, Garrido Lombardo I, Martín Guerrero J. Radio-endoscopic diagnosis of Dieulafoy's lesion in a duodenal diverticulum. Rev Esp Enferm Dig. 2020 ;112(10):816-817.
4. Kinoshita K, Matsunari O, Sonoda A, Kensuke Fukuda ·, Okamoto K, Ogawa R, et al. A case of the lower gastrointestinal bleeding due to Dieulafoy's ulcer in the cecum. Clin J Gastroenterol. 2020; 13(4):564-567.
5. Shi L. Successful treatment of a massive rectal bleeding from a Dieulafoy's lesion with endoscopic band ligation. Rev Esp Enferm Dig. 2020; 112(12):957-958.

REVISTA ESPAÑOLA DE
ENFERMEDADES DIGESTIVAS
The Spanish Journal of Gastroenterology

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.