Dieulafoy's lesion in the cecal pole diagnosed by video-capsule endoscopy. A rare cause of lower gastrointestinal bleeding

Adriana Ortega Larrode¹, Lonore Hurtado de Mendoza¹, Hebert Omar Palomino Donayre¹, Sara Mata Casado¹, Juliana Botero Perez¹, Leonardo Blas Jhon¹, Sergio Farrais Villalba¹


Key words: Dieulafoy. Capsule. Lower gastrointestinal bleeding.

Corresponding author: Adriana Ortega Larrode
Email: Adriana.ortega@quironsalud.es
Gastroenterology consultant. Department of Gastroenterology
Fundación Jimenez Diaz University Hospital
Av. de los Reyes Catolicos, 2, 28040 Madrid
Dear Editor,

Dieulafoy's lesion is a rare vascular malformation that can cause massive acute gastrointestinal hemorrhage, threatening the patient's life. This correspondence to the editor outlines the clinical presentation of a patient in whom, owing to the use of capsule endoscopy followed by subsequent colonoscopy, a diagnosis of hemorrhage from a Dieulafoy's lesion in the colon (a relatively uncommon site) was successfully established. Following intervention involving the application of hemoclips, the patient had a favorable clinical evolution.

**Case report**

An 82-year-old patient was admitted to the Fundación Jimenez Diaz University Hospital complaining of acute asthenia, epigastralgia and hematochezia. The patient was under prophylactic administration of acetylsalicylic acid and had previously been hospitalized for the electrocoagulation of intestinal angioectasias using argon plasma. Blood tests showed hemoglobin levels of 85 g/L with a mean corpuscular volume of 96 fl and 210 x 10^3 µl platelets, with no other significant laboratory alterations.

A gastroscopic examination yielded no discernible abnormalities. Subsequently, an endoscopic capsule procedure was performed, which unveiled a notable presence of freshly emanating blood in the cecum/ascending colon, indicative of active hemorrhage. In light of this discovery, a colonoscopy was performed, revealing a significant accumulation of fresh hematic debris. Within the cecal region, in proximity to the appendix, active bleeding devoid of any underlying mucosal lesion was observed, consistent with a presentation suggestive of Dieulafoy's lesion.

Two hemoclips were positioned, effectively stopping the hemorrhage. After stabilization and appropriate medical intervention, the patient was discharged, recovering hemoglobin levels of 134 g/L two months after the initial hospitalization.
Discussion

Initially documented by the renowned French surgeon Georges Dieulafoy in 1898, Dieulafoy's lesion is characterized by a prominently vascular anomaly, which results in the spontaneous rupture of a submucosal artery within the gastrointestinal tract. This condition is distinguished by a localized disruption in the mucosal lining, accompanied by the exposure of a fragile blood vessel, rendering it susceptible to abrupt and profound hemorrhage (1,2).

It accounts for approximately 1-2% of all cases of severe gastrointestinal bleeding, predominantly affecting adult males. The stomach is the most common site of occurrence, although manifestations can extend to other segments of the gastrointestinal tract, including the colon. The clinical presentation exhibits variation contingent upon the source, with massive hemorrhage accompanied by hemodynamic compromise being a prevalent form of manifestation in up to 20% of cases. A recent study by Esteban et al, as well as the observations in our case have underscored the challenge of arriving at a definitive diagnosis during the initial endoscopic evaluation, frequently requiring an average of 1.5 colonoscopic procedures for visualization (2,3). Early diagnosis and prompt intervention are crucial to prevent severe complications(4,5).

Remarkably, while the upper gastrointestinal tract represents the primary location in over 70% of cases, our patient had a lesion situated in the cecum, which impeded the diagnostic process. In such instances, colonoscopy assumes a crucial role in facilitating effective treatment. Recent advances in endoscopic technologies, including capsule endoscopy and double-balloon enteroscopy, are promising tools to enhance diagnostic rates, particularly for lesions localized within the colon and the small intestine (6).

References


Figure 1: Capsule endoscopy images. Ileum opening into the cecum with blood from the colon marked with an arrow (A). Fresh blood in the cecum (B). Colonoscopy images. Successful treatment of the Dieulafoy’s lesion by hemoclips, indicated with arrow (A and B).