A Rare Entity- Esophageal Dieulafoy Lesion

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Introduction

- Dieulafoy's lesions (DL) consists of dilated aberrant submucosal arteries which may potentially lead to life-threatening gastrointestinal (GI) bleeding upon erosion of overlying mucosa.
- They are most commonly located in the lesser curvature of the stomach followed by duodenum and colon.
- The esophagus is an exceedingly rare location for DL **[1].** We report a hemodynamically unstable patient with distal esophageal DL who presented with massive hematemesis.

Case Description

- A 57-year-old man was brought to the hospital with massive hematemesis and unresponsiveness requiring intubation in the field.
- His medical history was significant for alcohol-induced cirrhosis decompensated with ascites.
- Previous upper endoscopy revealed LA class D esophagitis but no evidence of varices.
- Upon presentation, the patient was tachycardic to 130 bpm and hypotensive to 89/56 mmHg.

Clinical Scenario with Endoscopic Images

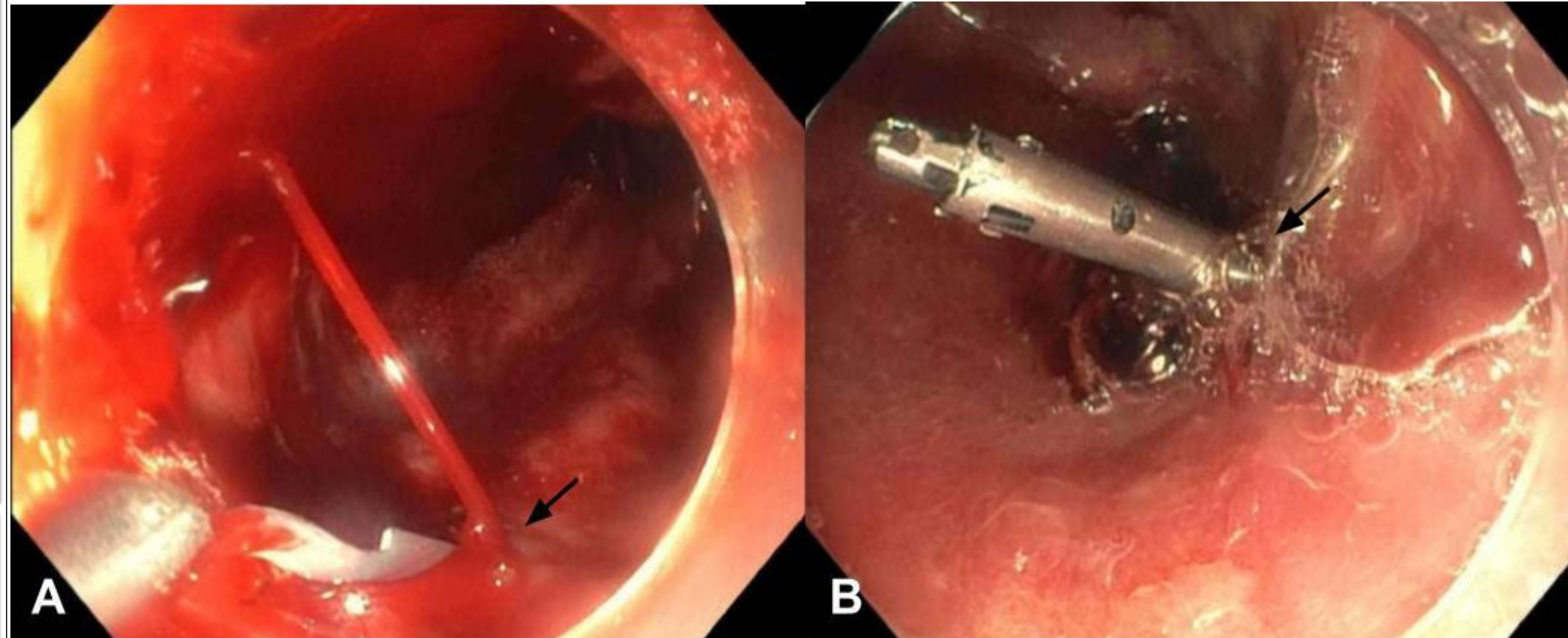

Figure A: Active pulsatile bleeding from an exposed vessel in the distal portion of the esophagus.

Figure B: Hemostatic clip successfully deployed with complete hemostasis.

- Physical exam was remarkable for distended abdomen and positive fluid wave.
- Initial blood work showed hemoglobin of 4.3 g/dL and platelet of 36/uL.
- Nasogastric tube suction aspirated 2000 ml of coffee ground content and frank blood.
- The patient was emergently resuscitated with intravenous fluid and massive transfusion protocol.
- Subsequently, bedside esophagogastroduodenoscopy revealed active pulsatile bleeding from an exposed vessel in the distal portion of the esophagus **[Fig. A].**

- Two hemostatic clips were successfully deployed and hemostasis was achieved **[Fig. B].**
- The patient was then transferred to the critical care unit and maintained on proton pump inhibitor infusion.
- Hospital course was further complicated by hepatic encephalopathy and hepatorenal syndrome.
- Given MELD-Na score of 40, the patient was eventually transferred to an advanced center for liver transplantation.

Discussion

- DL in the esophagus is an extremely rare entity with few cases published to date.
- Lesions are due to persistently dilated caliber of submucosal artery, as opposed to normal narrowing, as the vessel approaches overlying mucosa **[2].**
- Continuous arterial pulsation may damage the mucosa with a stream of arterial bleeding, as in our case.
- Upper endoscopy is the mainstay of diagnosis and treatment for DL. Band ligation, electrocautery or hemoclips can be deployed through endoscopy **[3]**, as with our case.
- Due to the intermittent nature of bleeding, endoscopy is not always diagnostic and angiography with embolization is an alternative option.
- Surgery is always a last resort.

References

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