THE UNUSUAL SUSPECT – GASTROINTESTINAL BLEEDING FROM AN AMPULLARY DIEULAFOY LESION

Syed Hamza Sohail, MD[1]; Bushra Zia, MD[2]; Kevin Groudan, MD[2]; David J. Desilets, MD, PhD[2]

[1] Internal Medicine, UMass Chan – Baystate Medical Center, Springfield, MA
[2] Division of Gastroenterology, UMass Chan – Baystate Medical Center, Springfield, MA

Baystate Health | UMass Chan Medical School

INTRODUCTION

- Dieulafoy lesions (DLs) are an important cause of acute upper gastrointestinal bleeding (UGIB). About 75% of DLs are located in the stomach with a marked proclivity of lesions within 6 cm of the gastroesophageal junction along the gastric lesser curve. [1]
- We present a rare case of a recurrent UGIB from an ampullary DL and its management.

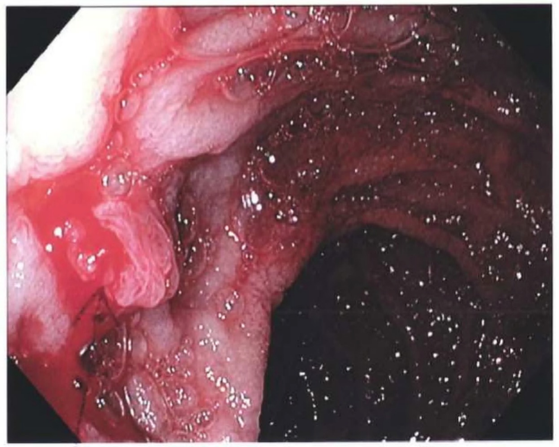

Figure 1: Endoscopic images of bleeding from ampullary Dieulafoy lesion.

CASE

- A 65 y-o male presented for type B aortic dissection requiring endovascular repair with complicated hospital course owing to sepsis, respiratory failure, and cardiac arrest. On day 16 patient developed melena.
- EGD showed an oozing DL at the major papilla. Hemostasis was achieved with epinephrine injection and thermal therapy.
- Patient had a recurrent UGIB 5 days after the index EGD leading to shock and cardiac arrest. After resuscitation, repeat EGD showed active arterial spurting from the superior aspect of major papilla. (Fig. 1)
- Given severe hemodynamic compromise from this bleeding, decision taken to clip the lesion, accepting the risk of pancreatitis and/or biliary obstruction. One endoclip was placed across the dorsal aspect of major papilla and closed. Persistent oozing was noted from under the clip which was arrested by applying a hot snare to the already placed endoclip and delivering thermal energy to the area pinched by the endoclip. Complete hemostasis was then achieved. (Fig. 2)
- Liver function tests and lipase were monitored for a week and the patient did not develop pancreatitis or biliary obstruction despite placement of endoclip across the major papilla.

REFERENCES

[1] Nojkov B, Cappell MS. Gastrointestinal bleeding from Dieulafoy's lesion: Clinical presentation, endoscopic findings, and endoscopic therapy. *World J Gastrointest Endosc*. 2015;7(4):295-307. doi:10.4253/wjge.v7.i4.295

DISCUSSION

- Ampullary DLs can present a unique diagnostic and therapeutic challenge due to their anatomical location and might require aggressive endoscopic treatment.
- Therapeutic interventions, particularly clipping, increase risk of impairing pancreaticobiliary drainage, however, it can be done safely if required.

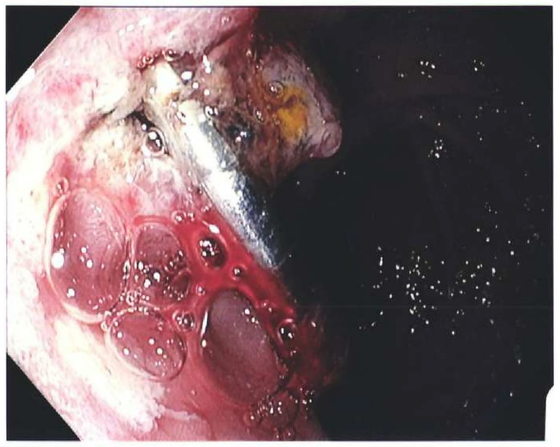

Figure 2: Endoscopic image of lesion after endoscopic intervention.