

Isolated duodenal vascular ectasia causing fatal gastrointestinal bleeding

David L. Cheung MD², Samuel S. Ji DO², Vamsi Vemireddy MD², Amirali Tavangar MD¹, Jason B. Samarasena, MD, MBA, AGAF, FACG¹

¹Digestive Health Institute, University of California Irvine Medical Center

²University of California Irvine Department of Medicine



Learning Objectives

- Present a rare, case of isolated duodenal vascular ectasia (DUVE) without gastric antral vascular ectasia (GAVE)
- Identify risk factors that could precipitate DUVE/GAVE
- Discuss known treatment modalities for DUVE

Case Presentation

- 28 y.o. Hispanic male with decompensated EtOH cirrhosis with known esophageal varices status post banding x2 that presents with hematochezia and acute on chronic anemia.
- Hemoglobin: 4.3, Platelet 76, INR 3.45
- **EGD/Colonoscopy:**
 - 2 columns of collapsible, small, nonbleeding varices, mild portal hypertension gastropathy w/o varix/ulcer/AVM/GAVE.
 - Duodenum showed 9 o'clock patch with active oozing, concerning for DUVE, and a duodenal varix without evidence of bleeding.
 - Colonoscopy without source of bleeding
- Given coagulopathy, hemostatic powder applied to DUVE to achieve hemostasis.
- 3- and 9- days post intervention, repeat EGD performed showing no evidence of bleeding.
- Developed repeat hematochezia with encephalopathy and HD instability, so transitioned to comfort care per family.
- Autopsy: 2L blood in stomach without clear source of bleeding or evidence of ruptured varix. Concerning for DUVE-related bleed

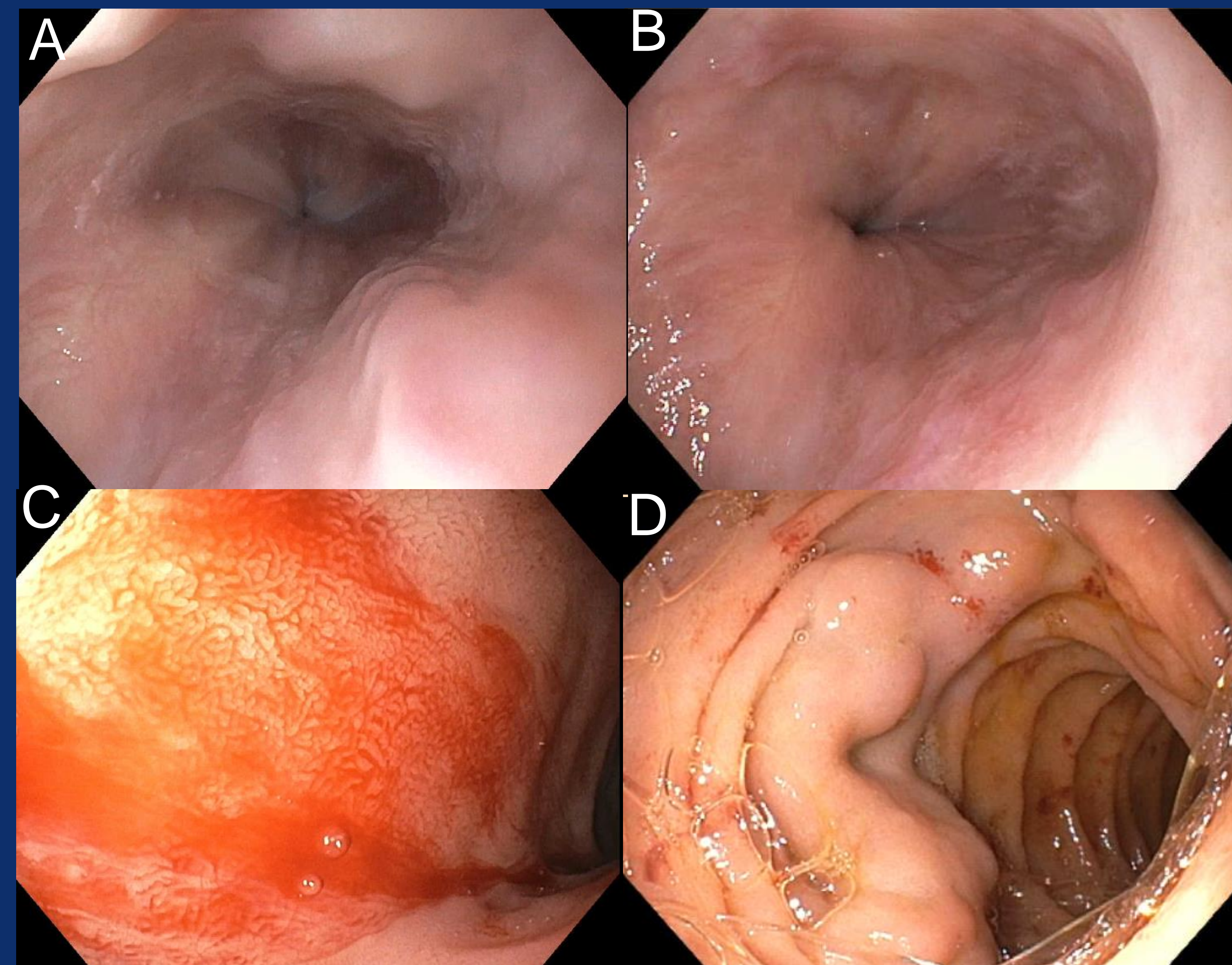


Figure 1: Images above display initial endoscopic evaluation
A) 2 columns of nonbleeding varices. **B)** Gastric antrum without evidence of GAVE **C)** Proximal duodenum with active oozing, concerning for DUVE **D)** Duodenal varix without active bleeding within the 2nd portion of the duodenum near the ampulla.

Discussion

- Vascular ectasias are an uncommon source of vascular bleeding
- DUVE is rare, and normally associated with GAVE. Isolated DUVE is exceedingly rare.
- Risk factors for GAVE are cirrhosis, ESRD, and autoimmune connective tissue disease. DUVE case reports have noted it with cirrhosis, chemotherapy, and hematopoietic stem cell transplant.
- Treatment of GAVE has been attempted with argon plasma coagulation, endoscopic band ligation, and radiofrequency ablation. DUVE could benefit from these interventions but would be dependent on bleeding risk.
- This patient's presentation and outcome highlights a need for further research in the management of this rare but serious type of gastrointestinal bleeding.

References

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