

CONTINUING MEDICAL EDUCATION ΣΥΝΕΧΙΖΟΜΕΝΗ ΙΑΤΡΙΚΗ ΕΚΠΑΙΔΕΥΣΗ

Gastroenterology-Endoscopy Quiz - Case 2

A 82 years old female patient was admitted to our hospital with melenas. She had not any past history of aspirin, NSAIDs, or anti-platelet usage and no complaint for any gastrointestinal (GI) symptom. Digital rectal examination was positive for melena, and there were no other abnormal findings in physical examination. Her vital signs were steady and laboratory results revealed a severe microcytic anemia (Hct 20.3% Hg 6.5 g/dL), WBC 7,360/ μ L, PLT 195,000/ μ L, urea 134 mg/dL, and creatinine 1.07 mg/dL. Prothrombin time and INR were within normal range.

During the last three years she was hospitalized several times due to upper GI bleeding or severe iron deficiency anemia. She had multiple gastroscopies, two colonoscopies and one capsule endoscopy of the small bowel. All endoscopic examinations were not diagnostic for the source of bleeding.

This time, an upper GI endoscopy revealed "fresh" blood in the second part of the duodenum (fig. 1). After water lavage a red thrombus became evident, which was subsequently removed (fig. 2). Neither ulceration, nor angiodysplasia was present in the underlying mucosa, treated successfully with heater probe, three pulses of 20 Joules in total.



Figure 1



Figure 2

Comment

The Dieulafoy lesion is a rare but an ever-present potential cause of life-threatening hemorrhage, and in the hemodynamically unstable patient with otherwise normal endoscopic findings, this diagnosis has to be considered.

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Diagnosis: Vascular Dieulafoy lesion of the duodenum

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ΑΡΧΕΙΑ ΕΛΛΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ 2007, 24(5):510

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