

Endoscopic view of intravascular platinum coil after embolization of bleeding duodenal ulcer: report of two cases

A 42-year-old woman admitted for evaluation of hypotension and fainting in the emergency room underwent esophagogastroduodenoscopy because of melena and a hemoglobin concentration of 6.7 g/dL. Endoscopy showed an ulcer 22 × 24 mm in diameter along the anterior duodenal bulb. After the injection of 4 mL epinephrine, the vessel began to bleed massively. Mesenteric angiography was performed urgently. The selective celiac arterial angiogram showed the right and left hepatic arteries arising separately from the celiac trunk. There was also severe vasospasm in the left hepatic artery and gastroduodenal artery (● Fig. 1 a).

No aneurysm was seen because of the severe vasospasm, possibly due to the extravasation. The gastroduodenal artery was embolized with a platinum coil (● Fig. 1 b). The patient underwent endoscopy a week later, and the duodenal ulcer was seen with the coil located in the intravascular area (● Fig. 1 c). No active bleeding or oozing was seen, and after stabilization of the hemoglobin concentration the patient was discharged.

A 65-year-old man was admitted to the Ege University chest disease clinic with pneumonia. Esophagogastroduodenoscopy was performed because of massive hematemesis and melena. Significant active bleeding from a giant duodenal ulcer was encountered. Mesenteric angiography was performed urgently in order to undertake embolization of the bleeding artery. On selective angiography after superselective catheterization of the gastroduodenal artery a pseudoaneurysm was observed in the duodenal branch of this main artery (● Fig. 2 a).

Thrombosis of the aneurysm was seen after embolization of the gastroduodenal artery with a platinum coil. No communication and no filling effect of the aneurysm between the collateral branches of the superior mesenteric artery was seen (● Fig. 2 b). No further bleeding occurred, and the patient was discharged after starting proton-pump inhibitor therapy. Control esophagogastroduodenoscopy was performed 6 weeks later, and the coil was

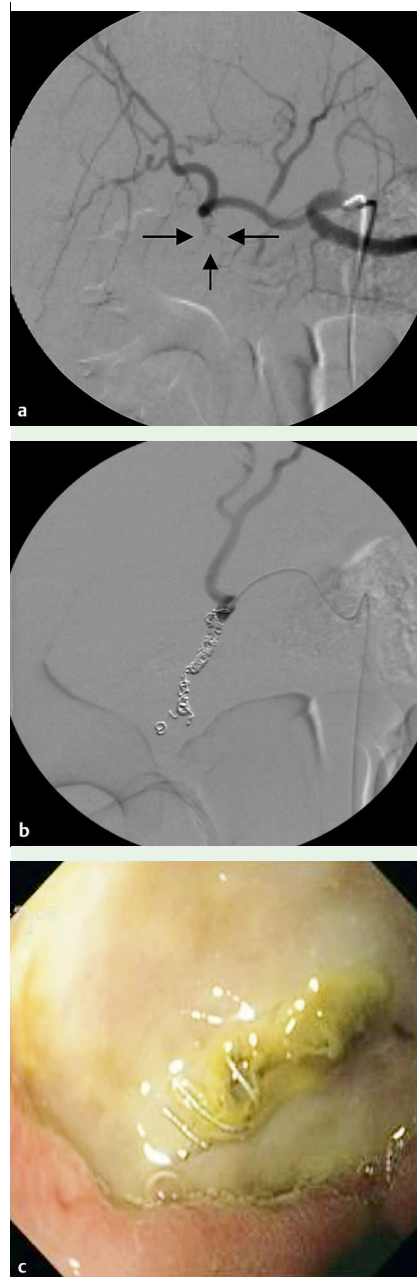


Fig. 1 a Vasospasm in the left hepatic artery and gastroduodenal artery. b Gastroduodenal artery with platinum coil in place. c Endoscopic visualization of the coil in the duodenal ulcer.

seen protruding into the lumen from the vessel visible at the ulcer site (● Fig. 2 c).

Endoscopy_UCTN_Code_CCL_1AB_2AZ_3AC

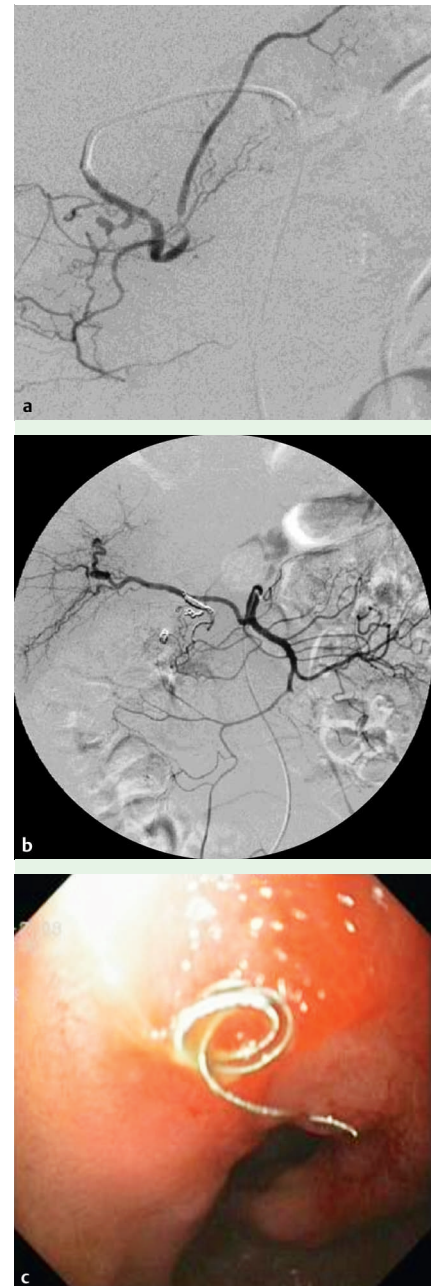


Fig. 2 a Duodenal branch of the gastroduodenal artery on selective angiography. b Thrombosis of the aneurysm after embolization with a platinum coil. c Endoscopic view of the coil protruding from the vessel visible at the duodenal ulcer site.

R. Vardar¹, Ö. Özütemiz¹, M. Parildar²

¹ Department of Gastroenterology, Ege University Medicine Faculty, Izmir, Turkey

² Department of Radiology, Ege University Medicine Faculty, Izmir, Turkey

Bibliography

DOI 10.1055/s-0029-1214659

Endoscopy 2009; 41: E125 – E126

© Georg Thieme Verlag KG Stuttgart · New York ·
ISSN 0013-726X

Corresponding author

R. Vardar, MD

Department of Gastroenterology,

Ege University Medicine Faculty,

915 sok. No: 172 Yesil Evler Sitesi Osmangazi

Bornova

35040 Izmir

Turkey

rukiye.vardar@ege.edu.tr