

Novel treatment of a gastric Dieulafoy lesion with an over-the-scope clip

A 74-year-old man presented with recurrent obscure, overt, life-threatening gastrointestinal bleeding. Esophagogastroduodenoscopy (EGD) showed blood in the fundus and a nonbleeding Dieulafoy lesion at the lesser curvature of the stomach (● Fig. 1). Due to the tangential position and large size of the lesion, thermal therapy or through-the-scope clipping were not carried out and an over-the-scope clip (Ovesco, Tübingen, Germany) was successfully deployed across the lesion (● Fig. 2).

A Dieulafoy lesion is a congenital defect consisting of an abnormally large, tortuous submucosal artery that has the potential to bleed through a small mucosal defect and is typically found in the lesser curvature of the stomach. At times, traditional methods for treating the lesion can be unsuccessful. An over-the-scope clip (Ovesco, Tübingen, Germany) has been developed for the closure of small mural defects [1]. It is thought to obtain a more sturdy closure compared with endoclips due to its capacity to grasp more visceral tissue and apply a greater compressive force.

This is the first case report from North America describing the use of the over-the-scope clipping device for the management of a Dieulafoy lesion. Animal and cadaveric trials have shown the over-the-scope clip to be more effective for spurting arterial bleeding [2]. Mangiavillano and colleagues published the first video report of over-the-scope clip treatment of a refractory Dieulafoy lesion [3]. Kratt and colleagues described a success rate of 94.2% with the over-the-scope clip in 60 patients with various causes of gastrointestinal bleeding, including three Dieulafoy lesions [4]. Kirschniak and colleagues reviewed 50 patients treated at a single center for dif-



Fig. 1 Dieulafoy lesion in the lesser curvature of stomach of a 74-year-old man with recurrent obscure, overt, life-threatening gastrointestinal bleeding.



Fig. 2 Deployment of the over-the-scope clip.

ferent indications with the over-the-scope clip, including hemostasis and perforations [5]. The primary treatment was successful in all cases, including one gastric Dieulafoy. The over-the-scope clip may have the potential for being part of the routine armamentarium for endoscopic control of large vascular ectasias.

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Competing interests: None

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