Duodenal arteriovenous malformation: endosono-
graphic diagnosis and coil embolization

A 67-year-old man with a history of me-
lena and a hemoglobin level of 4.8 g/dL
was referred to our center for endoscopic
evaluation. He had no significant comor-
bidities and his liver and renal functions
were normal. His anemia was corrected
with multiple blood transfusions. As up-
per gastrointestinal endoscopy showed
fresh blood in the second part of the du-
donum, a side-viewing endoscopy was
carried out, which revealed a submucosal
bulge with ulceration proximal to the
ampulla (Fig. 1a). Active bleeding from
this lesion was noted during endoscopy
(Fig. 1b). Endosonography with color
Doppler imaging showed arterialization
of the venous spectral pattern and low re-
sistance arterial flow supplying the les-
ion, suggestive of arteriovenous malforma-
tion (AVM) (Fig. 2, Video 1). Subsequent
computed tomography (CT) angiography
confirmed a 6.1× 6.2-mm AVM in the
medial wall of the second part of the du-
donum (Fig. 3). A subsequent angiogra-
phy showed that this AVM was supplied
by branches of the gastroduodenal artery
and pancreatoduodenal branches of the
superior mesenteric artery with an early
draining vein. Superselective coil emboli-
zation of branches supplying the AVM
was achieved with no residual blush
(Video 2).

An AVM is a congenital persistent abnor-
mal connection between arteries and
veins. Bleeding from AVMs of the gastroin-
testinal tract is rare. Angiodysplasias/vas-
cular malformations comprise about 5% of
nonvariceal upper gastrointestinal bleeds
[1]. Bleeding from an AVM often requires
surgical intervention [2]. McCrery et al.
describe a case of gastric AVM that was
successfully managed by endoclip applica-
tion and percutaneous transarterial coil
embolization [3]. Duodenal AVM can be
misdiagnosed as a duodenal varix; Poon &
Poon describe such a case, which was man-
aged surgically [4]. Endoscopic ultrasound

Fig. 1 a Submucosal ulcerated duodenal bulge proximal to the ampulla in a 67-year-old man, seen
at side-viewing endoscopy. b The actively bleeding lesion in the medial wall of the second part of the
duodenum.

Fig. 2 Endosonogra-
phy with color Doppler
imaging of the du-
donal lesion suggests
arteriovenous malfor-
mation. a Arterializa-
tion of the venous
spectral pattern. b Low
resistance arterial flow
supplying the arterio-
venous malformation.

Fig. 3 Computed
tomography angiog-
raphy confirming a
6.1× 6.2-mm arterio-
venous malformation in
the medial wall of the
second part of the
duodenum.
with Doppler evaluation is a good imaging modality for characterizing vascular lesions involving the wall of the gastrointestinal tract [5]. Bleeding from duodenal AVMs is extremely rare. This case is unique because of the characteristic appearance of the AVM on endoscopic ultrasound and the successful management by angi-embolization.

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Competing interests: None

Shibi Mathew1, Prakash Zacharias1, Lijesh Kumar2, John Mathews1, Prashanth Menon1, Mathew Philip1

1 Department of Medical Gastroenterology, PVS Memorial Hospital, Kochi, Kerala, India
2 Department of Interventional Radiology, PVS Memorial Hospital, Kochi, Kerala, India

References

Bibliography
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Corresponding author
Shibi Mathew, MD, DM
Department of Medical Gastroenterology
PVS Memorial Hospital
Kochi Kerala 682017 India
Fax: +91-484-2348239
shibim77@gmail.com

Video 2
Angiography and coil embolization of branches supplying a duodenal arteriovenous malformation.

Fig. 3 Computed tomography angiogram showing the vascular malformation in the duodenal wall (arrow).