Small-Intestine Dieulafoy Lesion: or "Dieulaclip"?

Dieulafoy lesion accounts for 0.3–1.5% of cases of major gastrointestinal bleeding (1). It almost exclusively occurs in the proximal part of the stomach, usually within 6 cm of the gastroesophageal junction, next to the lesser curvature (2, 3). We recently encountered a 72-year-old man with a history of abdominal aortic aneurysm, surgically repaired, and a subtotal colectomy for "colonic hemorrhage" 10 and five years before admission, respectively. He had undergone multiple upper and lower endoscopies for bleeding without any obvious source. During a lower endoscopy, a small red spot of active oozing was seen behind an ileal fold (Figure **1**). The bleeding was successfully thermocoagulated, but a surgical clip protruded into the intestinal lumen (Figure **2**). Without further intervention, the patient did well, and has not had any further episodes of gastrointestinal hemorrhage.

The cause of the Dieulafoy lesion is an abnormally large-caliber artery traversing in a tortuous way from the submucosa into the mucosa (2). The vessel fails to show any form of inflammatory or vasculitic changes, atherosclerosis, aneurysmal changes, or vascular malformation (2, 4). While we were astonished when the surgical clip appeared in the endoscopic view, we believe that it was a coincidence, rather than the cause of the last lesion seen in our patient, and that it pulled into the intestinal lumen when contacted by the probe. As shown in our patient, the diagnosis of a Dieulafoy lesion is usually made endoscopically (1, 3). Endoscopic therapy achieves permanent hemostasis in 85% of the patients during the initial endoscopy, in 75% of those requiring repeat endoscopic intervention, with only 5% of the cases requiring surgical intervention (3). This case was therefore one of small-intestinal Dieulafoy lesions, a rare entity by itself, complicated by a protruding surgical clip in the area of therapeutic thermocoagulation, a finding not previously reported, with cessation of major gastrointestinal bleeding by endoscopic therapeutic intervention. Dieulafoy and Dieulafoy-like lesions should be actively sought by endoscopists in patients with major gastrointestinal bleeding that has no obvious source.

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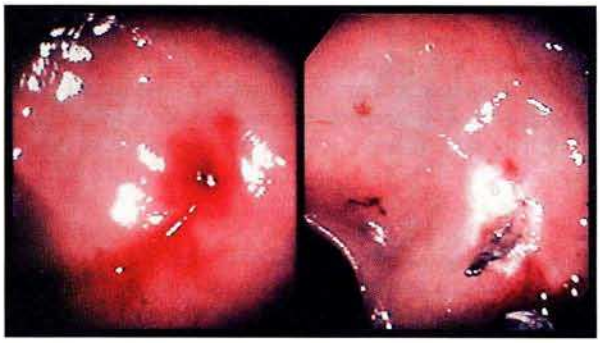

Figure 1: Endoscopic view of a Dieulafoy lesion of the small intestine, with active oozing.

Figure 2: Endoscopic view of a Dieulafoy lesion of the small intestine after thermocoagulation. Note the tip of the heater probe in the right lower corner. A protruding surgical clip is evident.

References

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