Dieulafoy lesion in the colon: a rare cause of lower gastrointestinal bleeding

Dieulafoy lesion is an uncommon cause of gastrointestinal bleeding [1, 2]. It is most often located in the proximal portions of the gastrointestinal tract, but unusual locations such as the colon have also been reported. It is defined by a large and tortuous submucosal arteriole that protrudes through the mucosal layer and may be a cause of massive and recurrent bleeding [3, 4]. The clinical presentation is variable and consists of hematemesis, melena, hematochezia, enterorrhagia, or anemia of unknown cause [4]. Common endoscopic findings are the presence of a superficial protruding vessel in a small mucosal defect (with or without active bleeding) and the presence of fresh clot adherent to a tiny defect in the normal gastrointestinal mucosa [3, 4].

Endoscopic treatment is the method of choice, and success rates are above 90%. Surgery may be required for severe and refractory bleeding and after failure of endoscopic therapy (which occurs in 5% of cases) [2–4].

A 79-year-old woman diagnosed with bone metastatic breast cancer was admitted with complaints of asthenia, lack of appetite, and intermittent lower gastrointestinal bleeding. At admission, her hemoglobin level was 7.3 g/dL. After initial resuscitative measures, upper digestive endoscopy was performed and revealed no significant findings. During colonoscopy, active bleeding from a small vessel (Dieulafoy lesion) in the ascending colon was observed (► **Fig. 1**). Endoscopic therapy with three through-the-scope hemoclips was successfully carried out (► **Video 1**). An endoscopic tattoo with nanquim ink was performed at the bleeding site in case of recurrence or a need for surgical intervention (► **Fig. 2**). The patient was discharged after 6 days with normal hemoglobin levels and no signs of rebleeding.

Endoscopy_UCTN_Code_CCL_1AD_2AF

► **Video 1** Endoscopic diagnosis and treatment of a Dieulafoy lesion in the colon.

► **Fig. 1** Active bleeding from a Dieulafoy lesion in the colon of a 79-year-old woman: underwater view.

► **Fig. 2** Final endoscopic appearance after endoscopic tattooing.

Competing interests

The authors declare that they have no conflict of interest.

The authors

José L. Paccos, Natália S. Mukai, Paulo A. F. P. Correa, Fernando P. Marson, Fernando L. Mota, Fernando J. Savóia de Oliveira, Eduardo M. A. Pereira Junior
Department of Digestive Endoscopy, Hospital Sírio-Libanês, São Paulo, Brazil

Corresponding author

Fernando P. Marson, MD
Department of Digestive Endoscopy,
Hospital Sírio-Libanês, Rua Dona
Adma Jafet, 91, São Paulo, Brazil
marsonfp@gmail.com

References

- [1] Christopher MC, Hundal R, Cheng EJ. Colonic Dieulafoy's lesion: a rare cause of lower gastrointestinal hemorrhage and review of endoscopic management. *Case Reports in Gastrointestinal Medicine* 2014; 1: 1–5
- [2] Baxter M, Aly EH. Dieulafoy's lesion: current trends in diagnosis and management. *Ann R Coll Surg Engl* 2010; 92: 548–554
- [3] Fukita Y. Treatment of a colonic Dieulafoy lesion with endoscopic hemoclippling. *BMJ Case Rep* 2013; 1: 1–2
- [4] García AZG, Blanco AP, Pérez DN et al. Management of colonic Dieulafoy lesions with

endoscopic mechanical techniques: report of two cases. *Dis Colon Rectum* 2004; 47: 1539–1543

Bibliography

Endoscopy 2021; 53: E313–E314
DOI 10.1055/a-1270-6655
ISSN 0013-726X
published online 8.10.2020
 © 2020. Thieme. All rights reserved.
 Georg Thieme Verlag KG, Rüdigerstraße 14,
 70469 Stuttgart, Germany

ENDOSCOPY E-VIDEOS

<https://eref.thieme.de/e-videos>

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new

techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at

<https://mc.manuscriptcentral.com/e-videos>