Colonic Dieulafoy lesion successfully treated by endoclips: a rare cause of lower gastrointestinal bleeding

Dieulafoy lesions account for 1%–2% of cases of acute gastrointestinal bleeding. Approximately 71% of Dieulafoy lesions are detected in the stomach, whereas only 2% are in the colon [1,2]. We encountered a patient with a colonic Dieulafoy lesion that was successfully treated by endoclips. An 83-year-old man with cirrhosis related to hepatitis C virus presented to our hospital with a 4-day history of hematochezia. At admission, his hemoglobin level was 4.9 g/dL. Contrast-enhanced computed tomography revealed the presence of extravasation in the ascending colon (▶Fig. 1).

Transcatheter arterial embolization (TAE) was performed for bleeding. Bleeding was successfully stopped by TAE (▶Fig. 2). Abdominal angiography revealed the presence of extravasation in the ascending colon (yellow arrow). Transcatheter arterial embolization (TAE) was performed for bleeding. Bleeding was successfully stopped by TAE.

Colonoscopy showed active bleeding in the ascending colon (▶Fig. 3). The bleeding point had no mucosal abnormality surrounding the lesion (yellow arrow). The lesion was diagnosed as a Dieulafoy lesion (▶Fig. 4).

Bleeding was successfully stopped by endoclips (▶Fig. 5).
nosed as a Dieulafoy lesion and bleeding was stopped by endoclips (Fig. 5, Video 1). Bleeding did not recur after the treatment.

Although colonic Dieulafoy lesions are rare, they need to be included in the differential diagnosis of hematochezia. Repeated endoscopy may be needed to establish a diagnosis because this lesion has almost no mucosal abnormality. Therapeutic endoscopy using endoclips is effective for the treatment of colonic Dieulafoy lesions.

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Competing interests

None

References


Bibliography

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