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). He developed hematochezia 4 days after TAE. After bowel preparation with polyethylene glycol, urgent colonoscopy was performed. The presence of fresh blood and clotting was observed throughout the colon (▶Fig. 3). No mucosal abnormality surrounding the lesion was noted (▶Fig. 4). The lesion was diag-
nosed as a Dieulafoy lesion and bleeding was stopped by endoclips (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.

Endoscopy_UCTN_Code_CCL_1AD_2AF

Competing interests

None

References


Bibliography

DOI https://doi.org/10.1055/a-0991-7804
Published online: 2019

Endoscopy
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

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Video1 Water immersion observation of bleeding from the colonic Dieulafoy lesion, which was successfully treated by endoclips.