Endoscopic management of bleeding Dieulafoy-like lesion at hepaticojejunal anastomosis

This case describes a 64-year-old man with a history of total pancreatectomy, duodenectomy, and total gastrectomy for pancreatic cancer. He previously underwent reconstruction with esophago-jejunal anastomosis and hepaticojejunal anastomosis, without Roux-en-Y. Arterial bridges of the superior mesenteric artery and the celiac trunk were performed, for which he received permanent antiplatelet therapy; he also uses oral anticoagulants to treat a deep vein thrombosis of the right upper extremity related to a central venous catheter. The patient presented with melena and acute anemia. Computed tomography angiography showed dense content in the small bowel with no evidence of active bleeding. It was decided to do an upper endoscopy (▶ Video 1).

In the mucosa surrounding the hepaticojejunal anastomosis, three vascular lesions were observed (▶ Fig. 1a), with enhanced visualization achieved with linked color imaging (▶ Fig. 1b) and blue laser imaging (▶ Fig. 1c). Two of the lesions were compatible with angioectasias, and the third was compatible with a cirsoid aneurysm, which presented a visible vessel with red stigmata.

It was decided to treat the lesion with argon plasma coagulation (APC), which caused active bleeding. Two clips were placed to achieve hemostasis. More clips were placed on the surrounding mucosa to treat the arteriolar vessels causing the lesion (▶ Fig. 1d).

The patient recovered with no new episodes of gastrointestinal bleeding, and was discharged on the third day. Dieulafoy’s lesions in the jejunum are rare (1%) [1]. In this case, there was doubt about the origin of the lesion: it could have been related to neoformation of blood vessels or varicose veins [2].
Diagnosis and treatment can be performed endoscopically in most cases [3], and a lower rate of rebleeding has been reported using combined endoscopic therapies [4]. Use of APC to treat angiodysplasia around the hepaticojejunal anastomosis has been reported previously [5].

Competing interests

The authors declare that they have no conflict of interest.

The authors

Sergio Rubel Cohen¹,², Raúl Araya Jofré¹, Gino Baccigaluppi Méndez¹, César Acevedo Sylvester²

1 Clínica Universidad de los Andes, Santiago, Chile
2 Centro Endoscópico Diagnóstico y terapéutico (CEDIT), Barros Luco Trudeau, Gran Avenida Jose Miguel Carrera 3204, Santiago, San Miguel, Región Metropolitana, Santiago de Chile 8900085, Chile

Corresponding author

Sergio Rubel Cohen
Centro Endoscópico Diagnóstico y terapéutico (CEDIT), Hospital Barros Luco Trudeau, Gran Avenida Jose Miguel Carrera 3204, Santiago, San Miguel, Región Metropolitana, Santiago de Chile 8900085, Chile
sergiorubelc@gmail.com

References


Bibliography

Endoscopy
DOI 10.1055/a-1711-3960
ISSN 0013-726X
published online 2022
© 2022. Thieme. All rights reserved.
Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany