An unusual cause of massive upper gastrointestinal bleeding: Dieulafoy’s lesion within a giant midesophageal diverticulum

Midesophageal diverticula are usually asymptomatic and are often discovered incidentally during endoscopy performed for unrelated reasons. A small proportion present with life-threatening bleeding.

We present here a first report of the massive arterial bleeding from Dieulafoy’s lesion in a midesophageal diverticulum. A 63-year-old man presented with repeated vomiting of fresh blood. Urgent endoscopy revealed a giant midesophageal diverticulum at 28 cm from the incisor teeth, within which active bleeding from a protruding vessel without surrounding ulceration was seen (Fig. 1). The endoscopic features were compatible with a Dieulafoy’s lesion. Endoscopic injection therapy was performed with epinephrine (1:10 000 dilution) and polidocanol (1%). However, hemostasis was not achieved and spurting arterial bleeding started (Fig. 2). Three hemoclips were immediately applied directly to the vessel, despite which bleeding could not be controlled. The procedure was terminated because of the high risk of esophageal perforation.

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Fig. 2 Endoscopic view of actively spurting Dieulafoy’s lesion within the diverticulum.

Fig. 3 Thorax computed tomography scan with an oral contrast medium demonstrates huge esophageal diverticulum (white arrow).

Fig. 4 Control endoscopy on day 10, showing well-demarcated ulcer area secondary to sclerosing agent.

Fig. 5 Endoscopic view 1 month after the episode, showing nearly complete healing of the lesion.

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References
2 Ho KM. Use of Sengstaken–Blakemore tube to stop massive upper gastrointestinal bleeding from Dieulafoy’s lesion in the lower oesophagus. Anaesth Intensive Care 2004; 32: 711–714

Bibliography
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