Acute Gastrointestinal Bleeding Caused by Dieulafoy Lesion of the Esophagus

Hemorragia Digestiva Aguda Secundária a Lesão de Dieulafoy do Esófago

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The authors report the case of a 66-year-old man admitted after fracture of the left femur, being submitted to surgery. During the recovery period the patient had an episode of large volume hematemesis with hypotension and tachycardia, with a hemoglobin decrease of 3 g/dL. After cardiovascular resuscitation, upper endoscopy was performed which revealed a bleeding vessel in the mid-esophagus, compatible with a Dieulafoy lesion (Fig. 1). Hemostasis was achieved with placement of a metallic clip (Fig. 2). Subsequently a contrast enhanced chest computed tomography was made to exclude the other intrathoracic complications, such as aortoesophageal fistula. The patient evolved favorably without hemorrhagic recurrence.

Dieulafoy’s lesion is a submucosal ectatic artery in the gastrointestinal tract1. The etiology of these lesions is unknown, and accounts for 1% to 6% of cases of acute nonvariceal upper gastrointestinal bleeding.2 The involvement of the esophagus is extremely rare.3 Endoscopic treatment is the first choice in bleeding Dieulafoy lesions.4

REFERENCES

Figure 1 – Dieulafoy lesion with active bleeding in the middle esophagus

Figure 2 – Effective hemostasis after placing a metallic clip