

COMBINED MANAGEMENT APPROACH FOR GASTRIC & EXTRA-GASTRIC DIEULAFOY'S LESIONS

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Dieulafoy's lesions are under diagnosed and with considerable rate of re-bleeding. They are common causes of obscure gastrointestinal bleeding. These are 3 cases of Dieulafoy's lesion, one gastric & two are extra-gastric. The first case was an 11-year-old girl presented by recurrent hematemesis & melena. She was secured by endoscopic banding after adrenaline injection. The second case was a 19-year-old male who had multiple recurrent attacks of melena. Initial upper endoscopy was normal but angiography showed contrast extravasation at the first part of duodenum secured by coil embolization but another bleeding episode occurred 3 weeks later from an aberrant nearby vessel that was secured by endoscopic hemocclipping. The third patient was a 47-year-old man presented by hematochezia. Colonoscopy showed oozing from an aberrant vessel in the descending colon secured by endoscopic argon plasma coagulation and hemocclipping. Two days later, all three patients underwent endoscopic ultrasonography (EUS) which confirmed complete hemostasis.

Conclusions: GI endoscopy plus angiography followed by EUS is an effective approach for a better management (diagnosis, treatment & follow up) of bleeding Dieulafoy's lesions with a markedly lower rate of recurrence & mortality.