

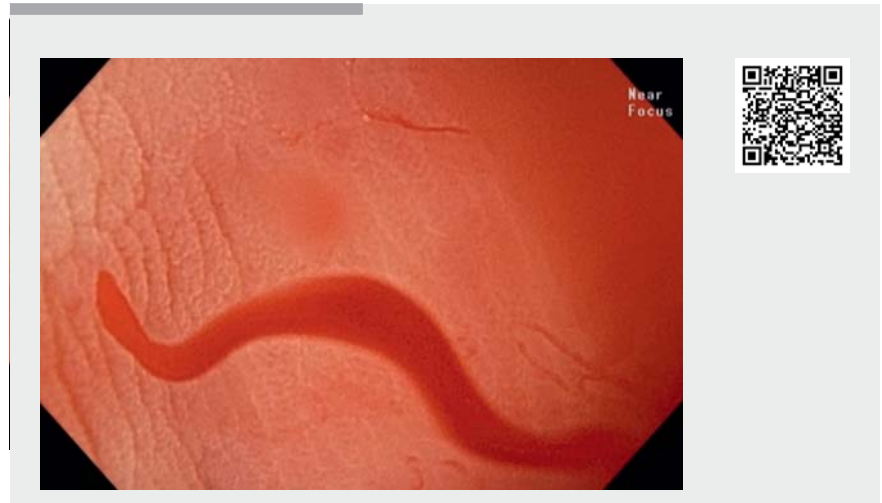
Dieulafoy lesion in the colon: a rare cause of lower gastrointestinal bleeding

Dieulafoy lesion is an uncommon cause of gastrointestinal bleeding [1, 2]. It is most often located in the proximal portions of the gastrointestinal tract, but unusual locations such as the colon have also been reported. It is defined by a large and tortuous submucosal arteriole that protrudes through the mucosal layer and may be a cause of massive and recurrent bleeding [3, 4]. The clinical presentation is variable and consists of hematemesis, melena, hematochezia, enterorrhagia, or anemia of unknown cause [4]. Common endoscopic findings are the presence of a superficial protruding vessel in a small mucosal defect (with or without active bleeding) and the presence of fresh clot adherent to a tiny defect in the normal gastrointestinal mucosa [3, 4].

Endoscopic treatment is the method of choice, and success rates are above 90%. Surgery may be required for severe and refractory bleeding and after failure of endoscopic therapy (which occurs in 5% of cases) [2–4].

A 79-year-old woman diagnosed with bone metastatic breast cancer was admitted with complaints of asthenia, lack of appetite, and intermittent lower gastrointestinal bleeding. At admission, her hemoglobin level was 7.3 g/dL. After initial resuscitative measures, upper digestive endoscopy was performed and revealed no significant findings. During colonoscopy, active bleeding from a small vessel (Dieulafoy lesion) in the ascending colon was observed (► **Fig. 1**). Endoscopic therapy with three through-the-scope hemoclips was successfully carried out (► **Video 1**). An endoscopic tattoo with nanquim ink was performed at the bleeding site in case of recurrence or a need for surgical intervention (► **Fig. 2**). The patient was discharged after 6 days with normal hemoglobin levels and no signs of rebleeding.

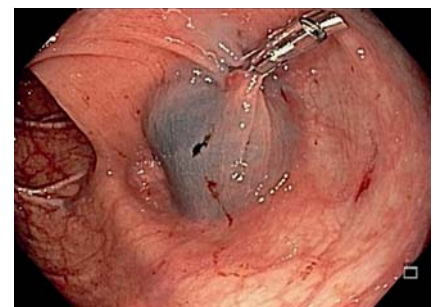
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► **Video 1** Endoscopic diagnosis and treatment of a Dieulafoy lesion in the colon.



► **Fig. 1** Active bleeding from a Dieulafoy lesion in the colon of a 79-year-old woman: underwater view.



► **Fig. 2** Final endoscopic appearance after endoscopic tattooing.

Competing interests

The authors declare that they have no conflict of interest.

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References

- [1] Christopher MC, Hundal R, Cheng EJ. Colonic Dieulafoy's lesion: a rare cause of lower gastrointestinal hemorrhage and review of endoscopic management. *Case Reports in Gastrointestinal Medicine* 2014; 1: 1–5
- [2] Baxter M, Aly EH. Dieulafoy's lesion: current trends in diagnosis and management. *Ann R Coll Surg Engl* 2010; 92: 548–554
- [3] Fukita Y. Treatment of a colonic Dieulafoy lesion with endoscopic hemoclippling. *BMJ Case Rep* 2013; 1: 1–2
- [4] García AZG, Blanco AP, Pérez DN et al. Management of colonic Dieulafoy lesions with

endoscopic mechanical techniques: report of two cases. *Dis Colon Rectum* 2004; 47: 1539–1543

Bibliography

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