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Summary

RECURRENT SMALL BLEEDING FROM INTERMITTENT BLEEDING DIEULAFOY'S LESION, A CASE REPORT

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A 77-year-old male with recurrent occult gastrointestinal bleeding over eight weeks required four admissions and multiple endoscopic procedures before a small bowel Dieulafoy lesion was identified and treated.

KEY POINTS

- The patient presented initially with melaena and severe anaemia (haemoglobin 46g/L), with initial gastroscopy normal and colonoscopy showing angioectasias treated with argon plasma coagulation and clips.
- Despite three subsequent admissions with recurrent bleeding (haemoglobin nadirs 38-63g/L), video capsule endoscopy showed fresh blood in the proximal jejunum but double balloon enteroscopy failed to identify the source.
- CT angiogram identified active bleeding approximately 30cm distal from the duodenojejunal flexure, leading to laparoscopic-assisted on-table enteroscopy with enterotomy.
- An intermittent brisk bleeding Dieulafoy lesion was found 20cm from the duodenojejunal flexure and treated with argon plasma coagulation and two haemostatic clips, with no recurrence post-discharge and haemoglobin recovery to 124g/L.
- The case illustrates that small bowel Dieulafoy lesions, which account for 1-2% of all gastrointestinal bleeds, can be challenging to identify when not actively bleeding and may require multiple modalities including intraoperative enteroscopy.

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