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(CASE REPORT)

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Dieulafoy's lesion of the colon: management of this unusual location

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Abstract

Dieulafoy's lesion (DL) is a rare but potentially life-threatening vascular anomaly characterized by the presence of an abnormally dilated artery in the submucosa of the gastrointestinal tract. Although the stomach is the most common site, colonic involvement is rare, making both diagnosis and management challenging. This article reports a case of colonic Dieulafoy's lesion in a 74-year-old patient presenting with melena and discusses current strategies for endoscopic management. Early endoscopic intervention is essential for diagnosis and treatment, with mechanical methods such as the application of hemostatic clips being preferred to prevent recurrence.

Keywords: Dieulafoy's lesion; Colonic bleeding; Endoscopy; Hemostatic Clips

1. Introduction

Dieulafoy's lesion is a rare cause of gastrointestinal hemorrhage, characterized by a dilated submucosal artery prone to rupture, leading to massive bleeding (1). Although more common in the stomach, colonic localization is exceptional, making diagnosis and management complex(1). Endoscopy plays a key role in diagnosis and treatment(1).

This article presents a case of colonic Dieulafoy's lesion and discusses current management strategies.

2. Case Presentation

This is a 74-year-old male patient admitted for the management of melena. His medical history is marked by ischemic heart disease under aspirin treatment. On clinical examination, the patient was conscious, normotensive, tachycardic (96 beats/min), with signs of right heart failure. The abdominal examination was unremarkable, but the rectal examination revealed melena. Laboratory tests showed anemia at 5.9 g/dL, with the rest of the results being unremarkable, including platelets and prothrombin time, with a Blatchford score of 8.

After stabilization (conditioning, fluid resuscitation, transfusion, etc.), an esophagogastroduodenoscopy was performed and returned normal, as did the angio-CT scan. A subsequent colonoscopy revealed a Dieulafoy's ulcer with a diffuse bleed in the right colon, and a hemostatic clip was applied. After endoscopic treatment, no active bleeding was observed after lavage. The patient did not experience any complications or new hemorrhagic episodes during his hospitalization. He was discharged in stable condition after three days of hospitalization. The patient recovered fully, with no recurrence of bleeding observed during a two-month follow-up period.

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3. Discussion

Dieulafoy's lesions are responsible for 1 to 2% of gastrointestinal hemorrhages, with most located in the stomach, particularly in the lesser curvature. However, unusual localizations, such as in the colon, represent about 1 to 5% of cases and are often associated with diagnostic delays. Colonic lesions, in particular, require a high degree of clinical suspicion due to their rarity and lack of specific signs(1,2).

According to a study by Baxter et al. (2021), distal gastrointestinal tract localizations, such as in the colon, are more difficult to diagnose due to often intermittent bleeding and complex visualization during endoscopy. The diagnosis of Dieulafoy's lesions primarily relies on endoscopy, although imaging studies may be useful in complex cases(1). A meta-analysis conducted by Karamanolis et al. (2022) revealed that nearly 70% of cases are diagnosed at the first endoscopy, while some patients require repeated endoscopies before a diagnosis is established. This is often due to intermittent bleeding or lesions that may be obscured by blood clots(1).

In colonic localizations, a colonoscopy is essential for identifying lesions. However, in some cases, angio-CT or angiography may be necessary to locate the hemorrhage, especially if endoscopy fails to visualize the source of the bleeding. The prognosis for patients with Dieulafoy's lesions is generally favorable if bleeding is controlled quickly. Recurrences are rare after a successful endoscopic intervention. In a retrospective study of 100 cases published by Tang et al. (2020), the recurrence rate after treatment with hemostatic clips was less than 10%, with a mean follow-up of 12 months. However, patients on anticoagulants or antiplatelet agents should be closely monitored as they are at higher risk for hemorrhagic recurrence(3).

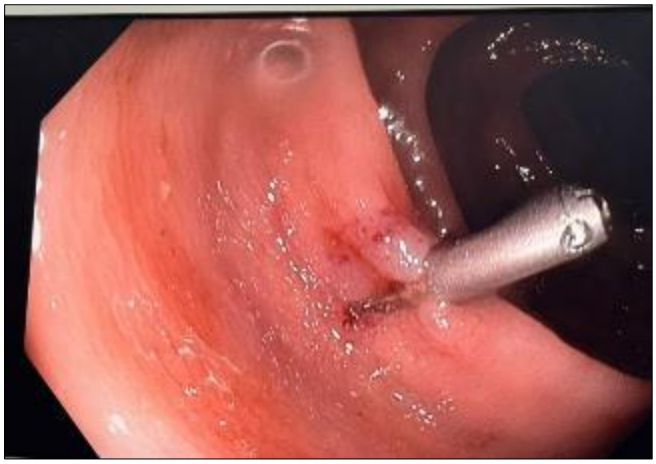

Figure 1 Treatment of Dieulafoy's lesion with three hemostatic clips

4. Conclusion

Dieulafoy's lesion of the colon is a rare but serious cause of gastrointestinal bleeding, particularly in elderly patients with cardiovascular comorbidities. Timely endoscopic diagnosis and treatment are crucial to preventing complications. In this case, hemostasis was successfully achieved through the placement of a mechanical clip, highlighting the importance of early and effective intervention. Regular follow-up is necessary to monitor for potential recurrence, although the risk is low with adequate endoscopic management.

Compliance with ethical standards

Disclosure of conflict of interest

The authors declare that they have no competing interests.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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