INTRODUCTION

- Dieulafoys lesion is an uncommon but important cause of upper GI bleed
- Extra gastric lesion of this lesion is rare and difficult to diagnose
- EBL is currently treatment method of choice for variceal bleeding , as experience increases extended use for UGI LGI bleeding
- Only few case reports EBL in treatment of DL have been described

CASE REPORT

- 50 yr old male with no previous history of any addictions or NSAID usage presented with severe anemia of and recurrent episodes of melaena for which he received 21 units of blood transfusion during the last 4 months .
- Multiple UGI endoscopies done else where revealed no bleed or growth in stomach and bleeding in duodenum but couldn t identify the source of bleed and suspected to have hemosuccus pancreaticus or hemobilia
- Colonoscopy was normal and CT angiogram showed bleeding in D2 but could not identify the source of bleed
- He was referred to our institute and blood parameters at the time of admission were HB- 3.2 gm/dl , platelet count – 24000
- No c/o pain abdomen /jaundice / hematemesis

MANAGEMENT

- OGD scopy at our institute was done – fresh bleed in D2source not identified
- He was taken to OT under GA and OGD was done
- To have a better view colonoscope was used instead of standard OGDscope
- After giving continuous saline irrigation and suction by scope in duodenum , revealed single sub mucosal bleeding vessel in lateral part of D2 , NO ulcerations – duodenal dieulafoys lesion
- Endoscopic band ligation of vessel is done , bleeding is well controlled
- No further episode of melaena or drop in Hb

DISCUSSION

- DL is an inherently difficult lesion to diagnose and should be considered during unexplained UGI bleed
- EBL and hemoclipping were more superior to injection methods in control of bleeding as well prevent recurrent bleed
- Surgical ligation is alternative for failed endoscopic cases

CONCLUSION

- EBL is an simple , effective , easily available can be repeated and safe endoscopic treatment for Dieulafoys lesion