Efficacy and Clinical Outcome of Endoscopic Treatment for Dieulafoy’s Lesion


Department of Internal Medicine, Seoul National University College of Medicine, Seoul National University College of Medicine, Seoul, *Department of Internal Medicine, Seoul National University Bundang Hospital, Seongnam, Korea

Background/Aims: While, endoscopic treatment has become a standard therapeutic approach for bleeding Dieulafoy’s lesions, the most suitable method among different endoscopic treatments has not been established yet. This study was performed to investigate the hemostatic efficacy and clinical outcome of endoscopic treatment for Dieulafoy’s lesions.

Methods: We analyzed medical records of patients who received endoscopic treatment for acute gastrointestinal bleeding from Dieulafoy’s lesion from June 2003 to May 2010, retrospectively.

Results: Dieulafoy’s lesions accounted 3% of cases of acute nonvariceal upper gastrointestinal bleeding in patients admitted during the study period. All these 62 patients with bleeding Dieulafoy’s lesions (mean age, 61.9±14.9, male/female, 44/18) received endoscopic hemostasis. Active bleeding from the Dieulafoy’s lesions was noted in 30 patients (48%). Endoscopic hemoclip placement (EHP), band ligation (EBL), and thermal coagulation were performed as a method of initial endoscopic hemostasis in 34, 25, and three patients, respectively. 23 patients received hypertonic saline-epinephrine injection during endoscopic hemostasis. The mean duration of initial endoscopic hemostasis, when compared between EHP and EBL group, was significantly longer in EHP group (19.1 vs. 11.5 min, p=0.034). Primary hemostasis was achieved in all 62 patients. There were 6 cases of recurrent bleeding: 5 cases (15%) in EHP group and one case (4%) in EBL group. Secondary hemostasis was achieved with endoscopic treatment and angiographic embolization in 5 and one patient, respectively and no patients required surgery. During follow-up, for a mean of 20 months, no bleeding-related mortality occurred.

Conclusions: Most Dieulafoy’s lesion can be successfully managed by endoscopic treatment (both EHP and EBL). However, according to our study, EBL seems to be more feasible treatment in initial hemostasis for bleeding Dieulafoy’s lesion.