Primary Duodenal Arteriovenous Malformation Successfully Treated by Endoscopic Resection

Kyoung Hoon Rhee, Dong Keun Lee*, Choon Sik Chung*, Yong-Geul Joh*, Yoon Kyung Park, Sang Yon Hwang, Tae Hyuck Choi, Jae Hoon Jahng

Departments of Gastroenterology, *Colorectal Surgery, Hansol Hospital, Seoul, Korea

A 68-year-old woman was presented with dizziness and a history of melena for recent two days. Initial hemoglobin level was 7.0 g/dL. Upper and lower endoscopy did not reveal a source of bleeding. However, an abnormal mass was captured in two cuts of capsule endoscopy. The location was presumed to be at the distal portion of duodenum. A giant tubular structure with a H1 stage ulceration on its side wall was originated from the distal 2nd portion reaching to the mid 3rd portion of duodenum. CT scan showed an enhanced tubular mass, measuring about 5 cm in longevity. EUS finding was a mixed echogenic (hyper-, hypo-, and anechoic) mass, originated from the submucosal layer. The thickness was about 13.6×10.0 mm. For diagnostic and therapeutic intention, endoscopic resection with various ESD knives was attempted, and the tumor was resected successfully. On pathology, the tumor was mainly composed of variable size, dilatated, thin and thick walled abnormal vascular structures. Immunohistochemical study showed positive for SMA, and negative for HMB 45. Follow-up endoscopy 5 weeks later revealed a good healing process on the resection site, and EUS also showed no abnormal structure left in the submucosal layer.

Key Words: Duodenum, Arteriovenous malformation, Ulcer, Endoscopic resection