Endoscopic Hemoclipping Treatment of a Dieulafoy Lesion in a Neonate

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Introduction: Dieulafoy lesion is defined as a small mucosal defect overlying an abnormal large caliber submucosal artery that protrudes through the gastrointestinal mucosa. This lesion is a rare cause of massive upper gastrointestinal bleeding in pediatric population and especially extreme rare in neonate.

Case: A 2-day-old male neonate was transferred to our hospital because of massive hematemesis. He was born at the 38 weeks of gestation via C-section and had been receiving no medication. Upon arrival he was pale and presented with tachycardia and delayed capillary refill. Initial hematologic tests included: hemoglobin 9.2 g/dL, hematocrit 25.6%, leukocytes 16,490/μL, platelet 218,000/μL. Prothrombin time, activated partial thromboplastin time, and biochemical tests of liver function were unremarkable. At initial EGD the lesion was not detected due to huge clots in the stomach. Position change was not effective. Second EGD performed approximately 32 hours after the first exam revealed a small protruding vessel in the GC side of distal body of the stomach. A hemoclip (Easy clip, Hx610-090S; Olympus Optica, Co., Ltd., Tokyo, Japan) was applied to the vessel. Endoscopy on the 7th hospital day demonstrated complete covering of the Dieulafoy lesion.

Conclusion: We report a 2-day-old neonate who presented with massive gastrointestinal bleeding caused by a gastric Dieulafoy lesion which was successfully treated by endoscopic hemoclipping without any complications.

Key Words: Dieulafoy lesion; Neonate; Hemoclipping