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Case Report

A Bleeding Dieulafoy's Lesion in the Distal Stomach with Incidental Gastric and Duodenal Bulb Pseudomelanosis

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Case Description

A 76-year-old woman with hypertension, diabetes mellitus, stage 3 chronic kidney disease, heart failure and atrial fibrillation. She was on multiple medications including Hydralazine. She presented with melena and syncope. Initial hemoglobin was 7.2 g/dL.

After resuscitation, emergent upper endoscopy revealed a 2-mm vessel with active pulsatile bleeding was identified in the distal stomach (pre-antral region) without associated ulcer suggestive of a Dieulafoy's lesion (Figure 1A). Hemostasis was achieved using two through-the-scope clips (Figure 1B).

During the same procedure, two incidental findings of pseudomelanosis were noted on the lesser curve gastric wall (Figure 2A) and duodenal bulb (Figure 2B). The antrum was uninvolved.

The patient recovered uneventfully with no rebleeding.



Figure 1A: Actively bleeding Dieulafoy's lesion



Figure 1B: Same site after endoscopic clip placement in the distal stomach



Figure 2A: lesser curve gastric wall-brown-black speckled pseudomelanosis



Figure 2B: Duodenal bulb – brown-black speckled pseudomelanosis

Discussion

Dieulafoy's lesions can occur in the distal stomach which is an atypical location that should not be overlooked. Endoscopic clipping is first line therapy¹. The typical appearance is a visible vessel with active pulsatile bleeding without associated ulcer^[1-2].

Gastroduodenal pseudo melanosis is a rare, benign incidental finding characterized by brown-black mucosal speckling. It has been described in patients with chronic kidney disease and oral iron therapy.^[3-4] In addition, Hydralazine and CKD are more consistently and strongly associated with GI melanosis^[5].

Biopsies were not taken given the classic appearance. The patient was diagnosed with multifocal gastroduodenal pseudomelanosis in two distinct locations (lesser curve gastric wall and duodenal bulb) with spared antrum – an unusual pattern that should not be mistaken for pathology requiring biopsy.

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