Case Report

Dieulafoy Bleeding at the Ampulla of Vater Treated by Endoscopy

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A 34-year-old man was referred to our endoscopy unit for recurrent upper GI bleeding. During the last 6 months, he suffered from anemic symptom which was secondary to passing black stool for several days intermittently. He received multiple blood transfusions and underwent repeated EGD for 6 times without a definite diagnosis. In our unit, EGD revealed three small clean base duodenal ulcers without any stigmata of recent bleeding. He was prescribed with oral proton pump inhibitor. One month later, he reported back with a new onset of melena. His physical examinations showed only marked pallor but no jaundice. EGD was repeated and this time, it showed pulsatile bleeding at the major ampulla as shown in Figure 1. The CT scan showed no detectable abnormalities of the pancreas and biliary tree. The initial impression was bleeding per ampulla and the patient was taken for an

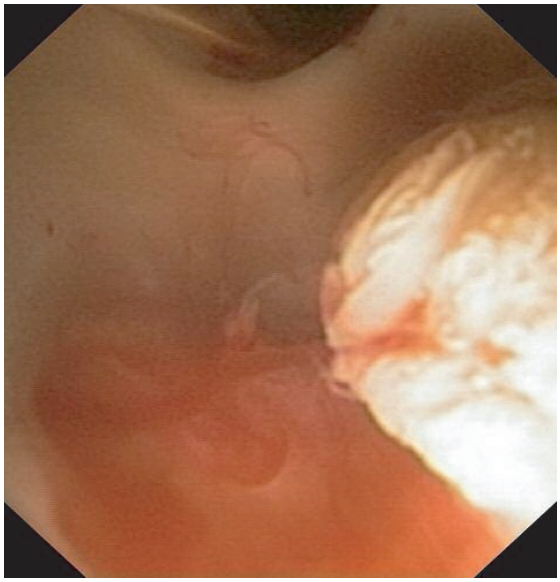

Figure 1. Active bleeding at the ampulla.

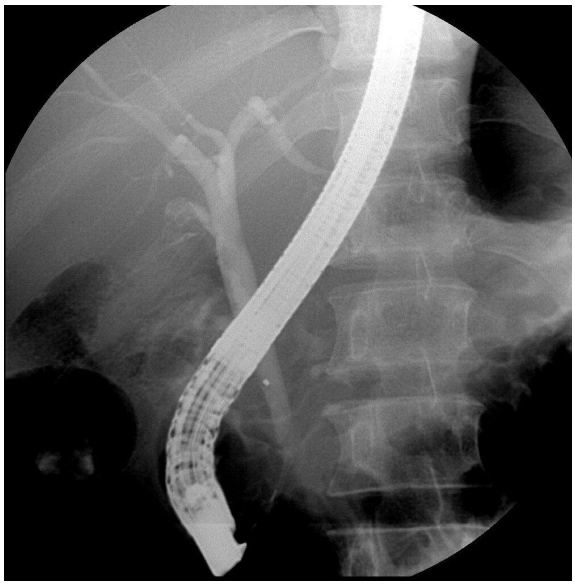

Figure 2. Normal cholangiogram.

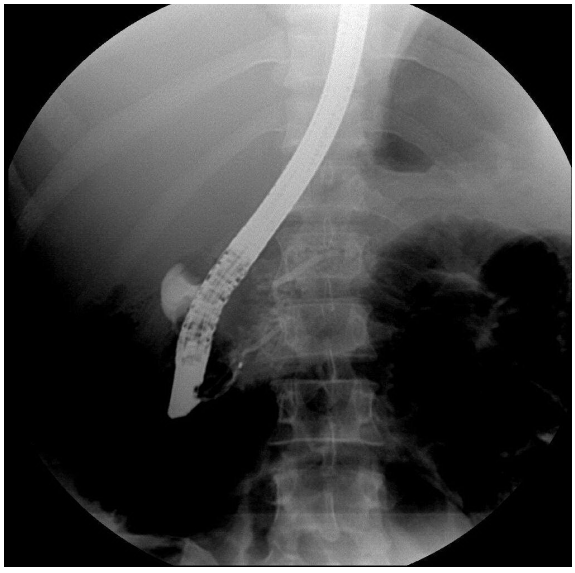

Figure 3. Normal pancreatogram.

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urgent ERCP which was unremarkable (Figure 2 and 3). Selective aspiration of bile and pancreatic juice confirmed clear contents without blood. After a careful look, an active blood spurting was present at mucosal surface of the ampulla without ulcer. He then was treated with 1 : 10,000 adrenalin injection and argon plasma coagulation was applied. The bleeding stopped without recurrence.

Clinically, Dieulafoy's lesions manifest as massive gastrointestinal hemorrhage, with no preceding symptoms. Approximately 75% of Dieulafoy's lesions are found within 6 cm of the gastroesophageal junction.[1] Other locations have been found in the distal oesophagus[2], duodenal bulb[3], jejunum[4] and colon[5]. However there has never been reported about this lesion at the ampulla. Generally, the most common causes of bleeding per ampulla are hemobilia and hemosuccus pancreaticus and practically ERCP is one of the standard investigations. We herein report an uncommon manifestation of ampullary bleeding from Dieulafoy's lesion in which ERCP yielded a negative answer.

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