

[Endoscopic therapy in acute hemorrhage caused by duodenal diverticula]. [German]

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Abstract:

HISTORY AND CLINICAL FINDINGS: A 70-year-old previously healthy woman had been feeling nauseous for one day and had passed several liquid tarry stools. A barium meal previously done as an out-patient had shown a duodenal diverticulum 3.5 cm in diameter with marked contrast-medium retention. Her general condition was impaired, her skin pale and cold, while heart rate and blood pressure were normal. Rectal examination confirmed tarry stool and thus suggested upper gastrointestinal bleeding, the contrast-medium retention pointing to the duodenal diverticulum as a likely site.

INVESTIGATIONS: Haemoglobin concentration was 9.1 g/dl, the haematocrit 26.6%. Total protein was reduced to 4.4 g/dl. Esophagogastroduodenoscopy (performed about 10 hours after the barium meal) showed erosion at the duodenal bulb and contrast retention in the juxtapapillary diverticulum, but no acute bleeding was discovered.

TREATMENT AND COURSE: Repeat endoscopy on the following day revealed acute bleeding (Forrest stage Ia) from an arterial stump in the diverticulum. It was stopped with local injection of adrenaline (6 ml of 1:10,000 solution) and fibrin glue, but the injections had to be repeated twice. Another endoscopy 30 days after the first showed merely a mucosal scar.

CONCLUSION: Early endoscopy enables one to make the diagnosis and to provide minimally

invasive treatment of bleeding from a duodenal diverticulum.