Bleeding from a gastric Dieulafoy lesion

A 70-year-old man was admitted with haematemesis with no history of non-steroidal anti-inflammatory drugs, aspirin or alcohol use. Oesophagogastroduodenoscopy showed the characteristic appearance of Dieulafoy lesions—tiny punctuate lesions along the lesser curve of the stomach with normal underlying mucosa. A Dieulafoy lesion is a dilated tortuous pinpoint non-ulcerated submucosal arterial lesion, more common in men than in women (2:1), common in the upper stomach, but can occur in any part of intestine. It is an uncommon cause (1–2%) of massive, recurrent upper gastrointestinal bleeding¹ that may require repeat endoscopies.

Awareness of the lesion and an experienced endoscopist are important in helping to reach the correct

Figure 1 Dieulafoy lesion (arrows) along lesser gastric curvature. Overlying mucosa is not ulcerated.

diagnosis. Various treatment strategies include local adrenalin injection, thermo-coagulation, laser treatment, electrocautery and band ligation. Tattooing with

India ink marks the site of Dieulafoy lesion to identify the site in case the bleeding recurs despite treatment.

Emerg Med J 2007;**24**:520.

doi: 10.1136/emj.2006.040667

Correspondence to: R Garg, Diabetes Unit, Russells Hall Hospital, Dudley, West Midlands; ranjnagarg@yahoo.com

Accepted 28 July 2006

Competing interests: None declared.

The photograph supplied is an endoscopic picture of the patient. I believe this may negate the need for patient consent in this case.

REFERENCE

- 1 Contardo C. Upper gastrointestinal bleeding related to Dieulafoy lesions. *Rev Gastroenterol Peru* 2000;**20**:422–9.

Webcast: International Forum on Quality and Safety in Health Care

Plenary sessions at this year's International Forum on Quality and Safety in Health Care were filmed and broadcast live over the internet. The sessions are still available to view free, on demand and at your own convenience at <http://barcelona.bmj.com>. Each session is accompanied by a panel discussion.

The webcast includes the following, in either English or Spanish translation:

- **Donald M Berwick:** Can health care ever be safe?
- **Richard Smith:** What the quality movement can learn from other social movements
- **Lucian Leape and Linda Kenney:** When things go wrong: communicating about adverse events
- **John Prooi and Harry Molendijk:** Partnering for patient safety