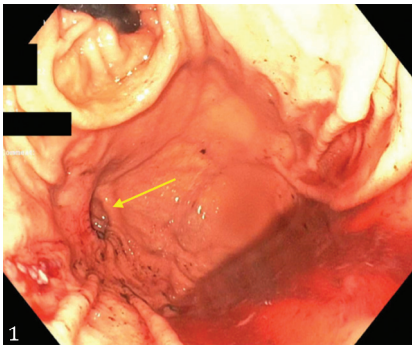
IMAGE OF THE ISSUE

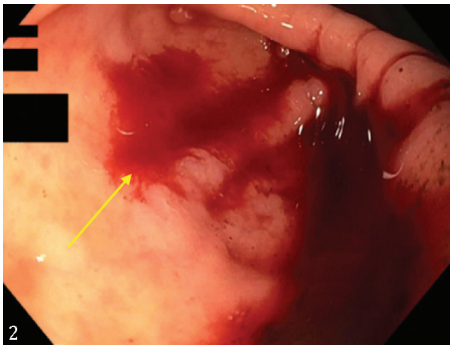
DOI: http://dx.doi.org/10.15403/jgld-5847

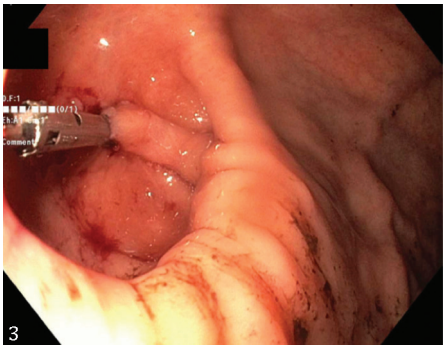
A Rare Cause of Acute Gastrointestinal Haemorrhage: Bleeding Gastric Diverticulum

Matthew Peverelle, Benhur Reynauld

Depatment of Gastroenterology, Monash Health, Victoria, Australia







A 76-year-old male presented with a 1-day history of haematemesis, melaena and subsequent syncope. The patient had undergone percutaneous coronary intervention with stent to left anterior descending coronary vessel nine days prior and had been discharged on daily aspirin 100 mg, clopidogrel 75 mg and rivaroxaban 2 0mg. His comorbidities included type 2 diabetes mellitus and atrial fibrillation. On admission his blood pressure was 100/70 mmHg and pulse 75 bpm. His haemoglobin was 88 g/L from 110 g/L, urea was 19.6 mmol/L (range 2.8-7.2mmol/L) with creatinine of 92 mmol/L (range 60-110 mmol/L).

Upper gastrointestinal endoscopy demonstrated a 20 mm diverticulum in the gastric fundus, at the level of the esophagogastric junction (Fig. 1). There was stigmata of recent bleeding and active bleeding began once it was irrigated with water jet (Fig. 2). One metal haemostatic clip (Boston Scientific) was applied, with successful haemostasis at the end of the procedure (Fig 3). The rest of the upper gastrointestinal tract was normal. Aspirin was ceased, with clopidogrel and rivaroxaban continued during his admission. There was no further evidence of recurrent gastrointestinal bleeding.

Gastric diverticula (GD) are the rarest form of gastrointestinal diverticulum, with an estimated incidence of 0.013–2.6% [1]. They are usually diagnosed incidentally on endoscopy or computed tomography scans and are rarely of clinical significance. However, a recent systematic review found a bleeding incidence of 13.1% in 305 patients with GD, suggesting that complications from GD are possible [1]. It must be noted however, that most patients with GD do not get reported in the literature, so the true incidence of gastrointestinal bleeding in patients with GD is likely to be lower. In the above case, there was no evidence of gastric ulcer within the diverticulum to cause gastrointestinal haemorrhage. Possible differential diagnoses would include a diverticular bleed, which involves erosion of the diverticulum into an underlying arteriole, or an underlying dieulafoy lesion, or less likely, scope or barotrauma during intubation of the stomach. Lack of histology or cross-sectional imaging precludes further characterisation.

First-line management for diverticular bleeding is endoscopic treatment including thermal therapy, sclerotherapy, band ligation or haemostatic clipping. Limited data exist on the optimal endoscopic technique to treat GD; however, all have reported high efficacy and low rebleeding rates [2].

Corresponding author: Dr. Matthew Peverelle,
matthew.peverelle2@monashhealth.org

Conflicts of interest: None to declare.

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