IMAGES OF THE MONTH

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Endovascular coiling: An important technique in the management of gastrointestinal hemorrhage

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A 44-year-old patient with abdominal pain and hematemesis was admitted to hospital. On gastroscopy, a large duodenal ulcer with a visible vessel was found (Figure 1, panel A, arrowhead). To prevent rebleeding, a hemoclip was placed on this vessel. This caused reactivation of the bleeding. After injection of epinephrine (1:10,000 dilution) and application of additional hemoclips, the bleeding was stopped (Panel B). The patient was transferred to the intensive care unit for surveillance. Just a few hours later, major rebleeding occurred.

Because endoscopic therapy was not successful, an emergency endovascular coiling of the gastroduodenal artery was performed. This procedure stopped the bleeding. On endoscopic control one week later, the coils were visible at the site of the ulcer (Panel C). Three months later, the patient was controlled in an outpatient setting (Panel D). No further bleeding has occurred since.

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She has Crohn's for life. Shouldn't clinical evidence recognize and support that?

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