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# Rare Obscure Cause of Upper Gastrointestinal Bleeding: Bleeding Duodenal Lymphangiectasia

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## History of Present Illness

- Elderly female sent from nursing home for witnessed melena
- Unable to provide a reliable history due to her advanced dementia
- Medical history: unknown

## Examination and Labs

- BP 90/62, HR 84, RR 20, Temp 98.6°F, SpO2 99% on RA
- General: no acute distress
- HEENT: conjunctival pallor
- Abdomen: soft, non-tender, non-distended, normal bowel sounds
- Rectal: black stools
- Pertinent labs: new onset normocytic anemia with a hemoglobin of 7 g/dl (baseline 11-12)

## Hospital Course

- Blood pressure improved with IV fluid resuscitation and one unit of blood transfusion
- Upper endoscopy was performed next day:
  - Normal esophagus and stomach
  - In second portion of the duodenum – 5mm white plaque-like lesion, consistent with intestinal lymphangiectasia, and with a central red erythematous spot, appearing eroded [Figures 1-2]
  - 3 hemostatic clips deployed for hemostasis and prevent further bleeding [Figure 3]
- Bowel movements became brown in color over next several days
- She required no further blood transfusions and hemoglobin levels stabilized
- Discharged with a hemoglobin of 8.7

## Upper Endoscopy



Figure 1:



Figure 2

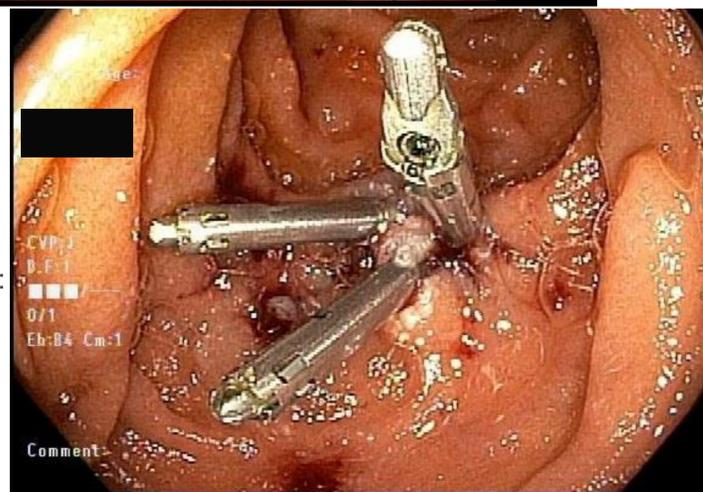


Figure 3:

## Discussion

- Most common lesion for upper GI bleeding (UGIB) – ulcerative and erosive mucosal changes<sup>1</sup>
- Other lesions for UGIB – traumatic, malignant or vascular lesions<sup>1</sup>
- Intestinal lymphangiectasia (IL) – dilated lymphatic vessels; primary congenital disorder (Milroy's disease) or secondary to lymphatic obstruction<sup>2</sup>
- Can be unifocal, multifocal or diffuse<sup>2</sup>
- Generally asymptomatic, but can be associated with malabsorption<sup>2</sup>
- Rarely associated with GI bleeding, unusual and infrequent vascular cause<sup>3</sup>
- Obstructed normal efferent lymphatic flow could open a latent lymphatic-venous/arterial connection, which could potentially explain its association with bleeding<sup>4</sup>
- Unless actively bleeding or with recent stigmata of bleed, definite diagnosis of bleeding from a focal IL is difficult<sup>5</sup>
- Endoscopic treatment is amendable to the same therapeutic interventions available of any bleeding GI lesions, which includes injection of epinephrine, thermal therapy and/or placement of hemostatic clips<sup>5</sup>

## Take Home Points

- Focal type of IL may rarely present with acute obscure GI bleeding
- Physicians should remain cognizant of this infrequently-described-in-literature etiology and should include it in their differential diagnosis

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