

A Rare Case of Upper Digestive Hemorrhage Due to Bleeding Duodenal Tumor

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Abstract

We present the case of a 48-year-old patient with no medical history, who presents himself to the emergency room with melena, asthenia and dizziness. The blood tests revealed a severe anemia (Hb = 4,8 g/dL). He is admitted in the Gastroenterology ward, where a first superior digestive endoscopy is performed which shows a duodenal bleeding tumor (second duodenum) of 7 cm in length. After the administration of red blood cell mass, plasma and haemostatic agents the level of the hemoglobin increases. The abdominal CT scan reveals a 3/5 tumor localized in the second and third duodenum. The superior digestive endoscopy is repeated and haemostasis of the bleeding tumor is accomplished. The surgical exploration of the peritoneal cavity discovered a partial stenosing, ulcerated duodenal tumor (third and fourth duodenum) and duodenectomy (third and fourth duodenum), segmental enterectomy (first loop of the jejunum), end to end duodeno-jejunal anastomosis, transgastric closure of the pylorus, gastro-enteric anastomosis on Omega loop with Braun fistula were performed, after the result of the extemporaneous histo-pathological exam suggested a GIST tumor. The postoperative evolution was favorable. The histopathological exam diagnosed the duodenal tumor as a gastrointestinal stromal tumor (GIST) with tumor free resection margins. The particularity of this case is the rare etiology of the upper gastrointestinal hemorrhage and its severity.

Key words: hemorrhage, duodenal tumor, endoscopy, GIST