



A Rare Cause of Gastrointestinal Bleeding in a 65-Year-Old Man with History of Polycythemia Vera

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Introduction



- Polycythemia vera (PV) is a chronic myeloproliferative disorder (MPD). Medical studies have reported a range of 12-40% for thrombotic events in patients with PV.

Introduction



- It should also be considered that the incidence rate of hemorrhagic events in such patients is significant.
- Gastrointestinal (GI) hemorrhages in these patients occur less frequently than other complications but would be overwhelming.

Introduction



- It may be attributed to the use of Aspirin or anticoagulants, Von Willebrand disease, or concomitant thrombotic complications, such as gastric or esophageal varices and their leading hemorrhages usually stem from abdominal vein thrombosis associated portal hypertension

Case report



- A 65-year-old man with history of PV since 40 years ago taking 80 mg Aspirin daily and hydroxyurea 400 mg daily presented with a massive upper GI bleeding. Two times endoscopy preformed.

Case report



- First Endoscopy revealed that stomach was full of blood and clot. A large clot with oozing site was detected in the fundus, which had a submucosal prominence that epinephrin injected & APC performed.

Case report



- Second look endoscopy showed an isolated fundal varix with a mass like prominence without active bleeding. Cyanoacrylate glue was injected.

Case report



- After a therapeutic endoscopic hemostasis failure and reoccurrence of bleeding during hospital admission, an abdominal computed tomography (CT) was ordered, which revealed an aberrant artery originated from the aorta that was piercing into the fundus of stomach.

Case report



- Evidently, fundal oozing was attributed to a Dieulafoy lesion. The patient underwent celiac and mesenteric angiographic embolization with three vials of polyvinyl alcohol (PVA). Angiographic embolization was successfully performed.

Case report



- At the 6th day of admission, the patient started complaining of abdominal pain especially on the left upper quadrant. Another abdominal CT with IV contrast was done. small intraparenchymal vessels associated with some areas of intraparenchymal hemorrhage in favor of hemorrhagic infarct in medial aspect of the spleen was seen.

Case report



- Following the abdominal pain, the patient became febrile. Blood samples for cultures were sent and empiric antibiotic therapy was started.
- Daily abdominal sonography was done to find out if splenic abscess or rupture is forming or not.

Case report



- The course of the disease was finished after a 3-day trial of antibiotic therapy and the patient became afebrile and abdominal pain was gradually subsided. The
- course of antibiotic therapy was completed and finally the patient was discharged after 15 days of admission.

Conclusion



- The presented case illustrated an uncommon presentation of gastric submucosal arterial bleeding from a DL originated from abdominal aorta instead of left gastric artery.

Conclusion



- The reason why this aberrancy was seen in this patient is not still clear whether it was attributed to PV and its characteristic complications like thrombosis and collateral arteries formation or it was a congenital variation.

Conclusion



- He was successfully treated by angioembolization. Our patient was complicated by splenic infarction, which was resolved after close follow-up and supportive care. An outpatient follow-up in 3 months showed no more complications in the patient.



Thank you