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Answer: Sigmoid Dieulafoy's lesion

The endoscopic image showed a large arteriole protruding from the wall of the sigmoid colon without any ulceration consistent with a Dieulafoy's lesion that was actively bleeding (**Panel A**). The second image showed the lesion after treatment with heater probe coagulation (**Panel B**).

Dieulafoy's lesion, also known as exulceratio simplex (also known as caliber persistent artery or aneurysm of gastric vessels) refers to a large tortuous arteriole that has eroded through the mucosa of the gastrointestinal tract with resultant bleeding. [1] It is named after Paul Georges Dieulafoy, a French surgeon, who first described this condition in 1898. [1, 2] Dieulafoy's lesion is rare and accounts for less than 5% of all gastrointestinal bleeding. [1]

Dieulafoy's lesion is more common in men than women with a ratio of more than two to one. It is particularly common in the older age group, typically more than 60 years old. It is believed to account for only 1-2% of acute gastrointestinal bleeding. [1] It is commonly present with sudden and massive bleeding, manifesting as haematemesis, melaena and haemodynamic symptoms in patients who have unremarkable past history.

Dieulafoy's lesion is more commonly found within the stomach (>90%), within six centimetre of the gastro-oesophageal junction on the lesser curve. [1-3] It is less common in the other parts of the gastrointestinal tract.

Endoscopy is the modality of choice for both diagnosis and endoscopic management. However, unsuspected and when there is no active bleeding, the lesion can be easily missed. Therefore, in cases of gastric Dieulafoy, the lesser curve needs to be thoroughly examined.

The management options include hemoclip applications, rubber band ligation and heater probe coagulation. Use of norepinephrine and polidocanol injection has been shown to successfully manage the problem. However, mechanical tamponade is usually preferred. With successful treatment, the recurrent bleeding rate is low with more than 90% of the patients having no further recurrent bleeding. [1-3]

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