

Recurrent upper gastrointestinal bleed in a 26 year old female

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ABSTRACT

According to recent society guidelines, upper gastrointestinal bleed initial approach includes assessment of hemodynamic status, fluid resuscitation if necessary, transfusion strategy to target hemoglobin above 7 (g/dL), use of intravenous proton pump inhibitor and generally upper endoscopy within 24 hours. We present a case of a 26-year-old woman who sought treatment after one episode of hematemesis and pre-syncope. She had a similar presentation three months earlier and received

interventional radiology-guided mesenteric angiography and the use of multiple coils to embolize a 1.5-cm deep punched-out duodenal ulcer. Migration of the coil was noted on endoscopy within the previously described ulcer. Coil migration is expected to occur in up to 3% of cases of endovascular embolization. However, migration into the duodenum is uncommon and could have actually been a contributing factor to the current bleed.

Keywords: Anemia, coil migration, endoscopy

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