Duodenal Diverticular Bleeding After Endoscopic Retrograde Cholangiopancreatography: A Case Report and Review of The Literature

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Duodenal diverticulae are common with a variable incidence in different studies. Most duodenal diverticulae are asymptomatic and diagnosed incidentally. Duodenal diverticular bleeding is an infrequent complication, but it may be life-threatening with massive blood loss. We report a 70-year-old man who had duodenal diverticular bleeding 6 days after endoscopic retrograde cholangiopancreatography for extraction of common bile duct stones. Endoscopy was performed initially for hemostasis but failed to control the bleeding. Emergency angiography with superselective arterial embolization was performed. This patient recovered after embolization.

Keywords: duodenal diverticular bleeding, endoscopic retrograde cholangiopancreatography, transarterial embolization

Introduction

The prevalence of duodenal diverticulae in the general population varies from 2% to 25% (1,2). Fewer than 10 percent of duodenal diverticulae are ever symptomatic, and only one percent will require definitive treatment for complications, such as perforation, obstruction, and hemorrhage. Hemorrhage is a rare complication of duodenal diverticulae but it may result in significant morbidity (3-5).

Endoscopic retrograde cholangiopancreatography (ERCP) is an endoscopic technique used for both therapeutic and diagnostic purposes. It is a useful tool for the nonsurgical management of biliary and pancreatic disorders but also has a potential for serious complications.

We present a case of massive gastrointestinal hemorrhage from duodenal diverticulae after ERCP for extraction of common bile duct (CBD) stones.

Case Report

A 70-year-old man was admitted with yellowish discoloration of the eyes. He had hypertension without medication. He was seen by a local physician where ultrasonography of the liver was performed, revealing dilated intrahepatic ducts and CBD. He was transferred to our hospital for further management.