Dieulafoy-Like Lesion at the Brim of a Gastric Diverticulum: A Very Rare Cause of Gastrointestinal Bleeding

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7]hUh]cb. Lünse S, Höhn J, Simon P, Heidecke CD, Glitsch A (2018) Dieulafoy-Like Lesion at the Brim of a Gastric Diverticulum: A Very Rare Cause of Gastrointestinal Bleeding . J Gastrointest Dig Syst 8: 572. doi:10.4172/2161-069X.1000572

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Gastric diverticulum (GD) is the rarest form of gastrointestinal diverticula with a reported prevalence of QO1%-Q11% [1]. ere is no gender predilection and it usually presents in the f h or sixth decade of life. More than 70% of congenital GD are mostly located in the posterior wall of the fundus, 2 cm below the oesophagogastric junction and 3 cm from the lesser curve. Acquired GD are typically located in the antrum and usually occur due to chronic inf UmmUormdisease, malignancy, surgery, or gastric outlet obstruction. GD are mostly asymptomatic and when symptoms occur, they vary from vague upper abdominal pain, vomiting dysphagia, halitosis and eructation.

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A 55-year-old female presented to our hospital with sudden hematemesis and epigastric pain. e hemodynamics were stable and physical examination was unremarkable. Blood tests revealed a hemoglobin level of 87 g/dl. e patient's history o ered no preliminary symptoms and no preexisting diseases, surgery or