



Giant Duodenal Ulcer with Erosion into Gastroduodenal Artery

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Clinical Image

A 65-year-old man with a history of duodenal ulcer, methamphetamine and heroin use presenting after being found down. Upon admission, he developed hematochezia followed by massive hematemesis and hemorrhagic shock. His hemoglobin dropped from 11 g/dL to 4 g/dL. Massive transfusion protocol was initiated. Esophagogastroduodenoscopy showed voluminous fresh blood in the stomach with active bleeding in the duodenum. No esophageal varices were seen. Emergent laparotomy and gastroduodenotomy identified a giant posterior duodenal ulcer with brisk bleeding. Circle denotes ulcer, 3 cm in diameter. Arrow denotes erosion into Gastroduodenal (GDA) Artery (Figure 1). Control was obtained by proximal and distal suture ligation of the GDA, as well as a U-stitch to control the transverse pancreatic artery. Following resuscitation, he returned to the OR and underwent truncal vagotomy and antrectomy with roux-en-y gastrojejunostomy due to his history of noncompliance.

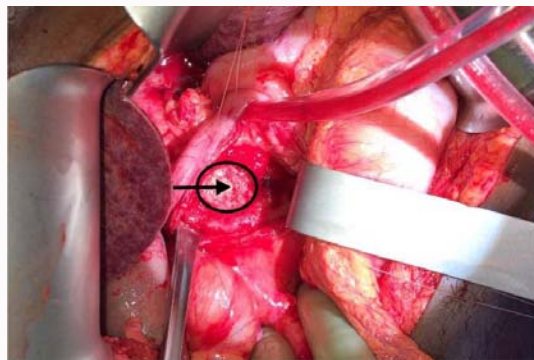


Figure 1:

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Received Date: 14 Feb 2018

Accepted Date: 20 Feb 2018

Published Date: 26 Feb 2018

Citation:

Cox JA, Gerlach T. Giant Duodenal
Ulcer with Erosion into Gastroduodenal
Artery. *Ann Trauma Acute Care*. 2018;
2(1): 1008.

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