

Image of the Month

Migration of Gastroduodenal Artery Embolization Coil Into the Duodenal Lumen

A 67-year-old man with a history of alcoholism and nonsteroidal anti-inflammatory drug (NSAID) use was hospitalized 1 year ago with melena. Upper endoscopy demonstrated active bleeding from a 3-cm distal duodenal bulb ulcer. Given inability to control bleeding endoscopically, he underwent successful placement of two endovascular coils embolizing his gastroduodenal artery. He subsequently presented to our facility with 1 month of post-prandial nausea and epigastric pain. He stopped taking NSAIDs but continued to drink four standard drinks daily. Computed tomography of the abdomen demonstrated partial migration of an embolization coil into the duodenal lumen (Figure 1A). Esophagogastroduodenoscopy demonstrated mild antral gastropathy, a duodenal deformity, and partial migration of the embolization coil into the bulb (Figure 1B,C) with a 3-mm area of superficial ulceration where the coil protruded into the lumen. Gastric biopsies were negative for *Helicobacter pylori*. Given the absence of luminal obstruction, minimal ulceration, and lack of compliance to acid suppressive therapy, a decision was made to manage the patient conservatively with proton-pump inhibitor therapy. Coil removal was felt to pose significant risks of hemorrhage and was considered if conservative measures fail. Two weeks from discharge, the patient reported improvement in his nausea, mild persistent dyspepsia, and had no recurrent bleeding.

Funding

None declared.

Author Contributions

All of the authors have contributed equally to the manuscript drafting and preparation. Z.I. and K.R. have taken care of the patient during his hospitalization.

Conflict of Interest

The authors report no conflicts of interest.

**Mahmoud Isseh, MD¹, Leen Z. Hasan, MD²,
Zaid Imam, MBBS^{3,*}, Justin Armstrong, DO⁴,
Ketan Rana, MD³**

¹Department of Internal Medicine, University of Michigan, Ann Arbor, Michigan, USA; ²Department of Internal Medicine, University of Connecticut, Farmington, Connecticut, USA;

³Division of Gastroenterology and Hepatology, Department of Internal Medicine, William Beaumont Hospital-Royal Oak, Royal Oak, Michigan, USA; ⁴Department of Internal medicine, William Beaumont Hospital-Royal Oak, Royal Oak, Michigan, USA

Correspondence: Zaid Imam, MBBS, William Beaumont Hospital, 3601 W 13 Mile Rd, Royal Oak, MI 48073, USA,
e-mail: zaidh.imam@gmail.com

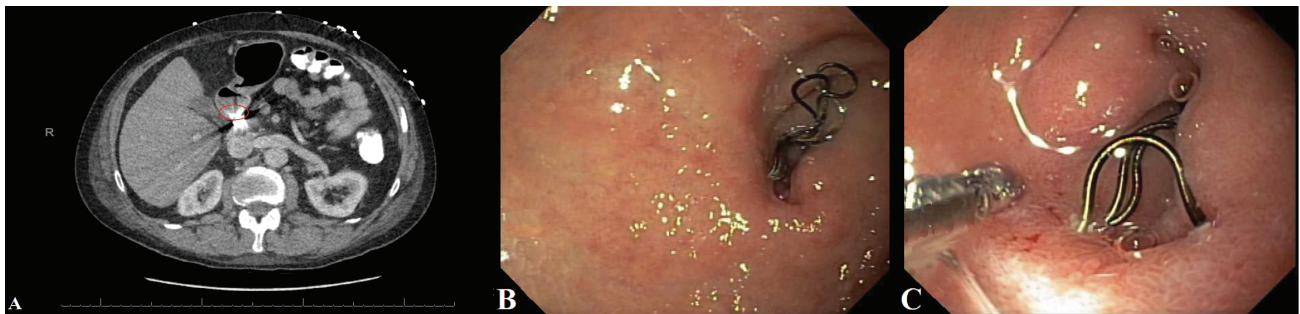


Figure 1. Coil migration into the duodenum. (A) Computed tomography demonstrating intra-luminal coil migration (red circle); (B,C) White light examination of the duodenum.

Received: April 13, 2021

© The Author(s) 2021. Published by Oxford University Press on behalf of the Canadian Association of Gastroenterology.

This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited. For commercial re-use, please contact journals.permissions@oup.com