



An unusual cause of recurrent massive upper gastrointestinal bleed after palliative gastropexy for a Type IV paraesophageal hernia

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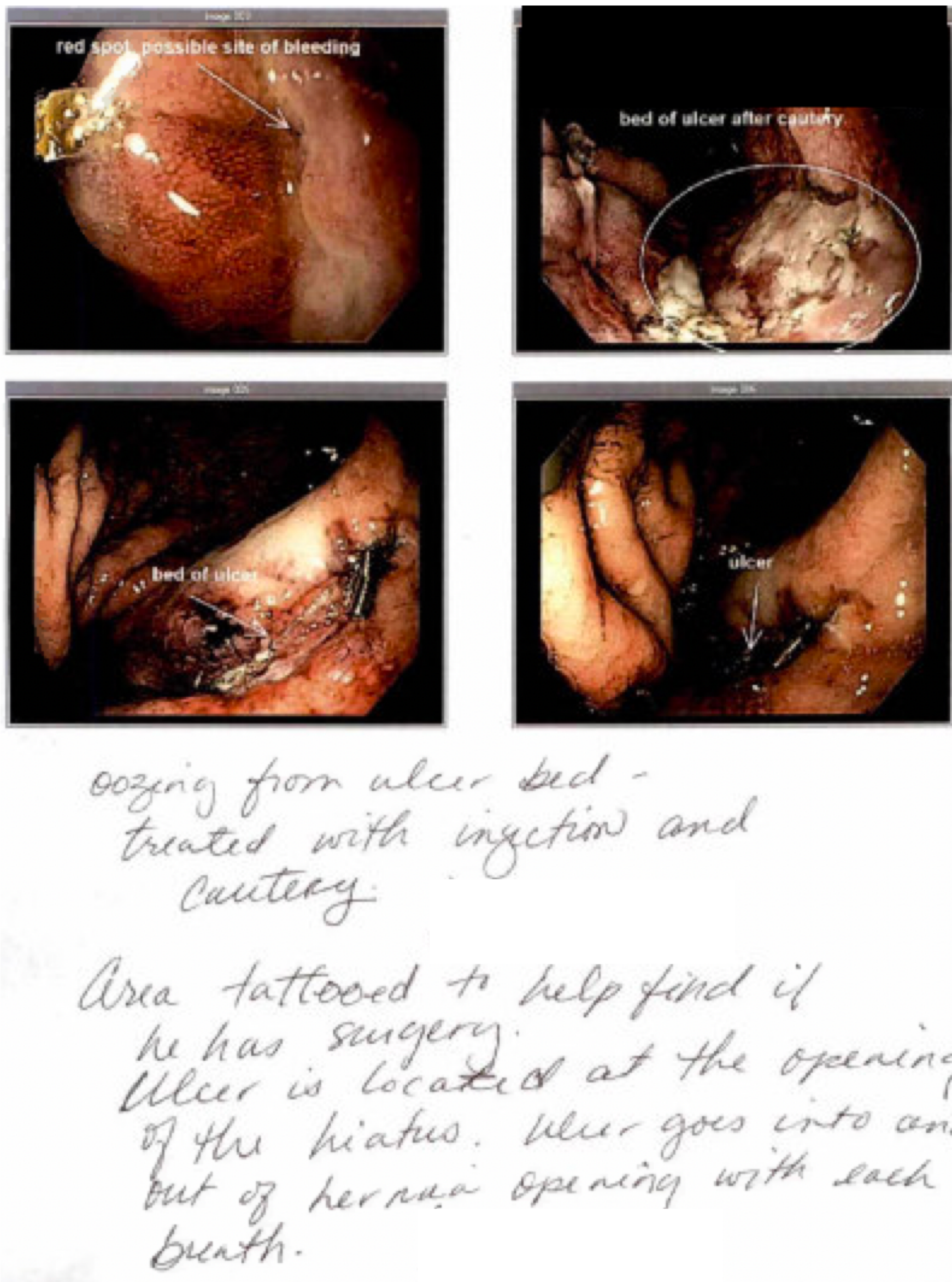
Introduction:

Cameron’s ulcer is a rare cause of massive upper gastrointestinal bleeding (UGIB) but must be considered in patients with known history of hiatal hernia. Palliation of large paraesophageal hernias with laparoscopic gastropexy and percutaneous endoscopic gastrostomy is an excellent operation for patients who would not otherwise tolerate a more extensive operative repair. Our patient presented in the subacute period after laparoscopic gastropexy with a massive UGIB secondary to a Cameron’s ulcer.

Case Description:

The patient is an 88-year-old man with pulmonary hypertension, atrial fibrillation not on anticoagulation, and chronic hiatal hernia complicated by progressive reflux, dysphagia, aspiration pneumonitis and gastric outlet obstruction requiring laparoscopic gastropexy with percutaneous endoscopy gastrostomy at another hospital one month prior to admission to our facility. On review of chart records, he was noted to have “esophageal, gastric, and duodenal mucosa without ulcers or masses” during intraoperative upper endoscopy during index laparoscopic gastropexy and had an uncomplicated post-operative course, discharging one day after surgery.

Two weeks after surgery, he represented and was readmitted to multiple hospitals for recurrent episodes of UGIB requiring massive transfusions and repeated upper endoscopies. He was found to have a 2 x 5 cm gastric ulcer intermittently responsive to endoscopic intervention with thrombin, clipping, and epinephrine injection. Notably, he had been on maximum strength Protonix and Carafate with negative H. Pylori throughout this time. Ultimately, the bleeding ulcer was tattooed by a gastroenterologist (GI) in anticipation of operative intervention and then transferred to our institution. GI noted his ulcer was located at the “opening of the hiatus... [and] goes into and out of hernia opening with each breath.” The patient was diagnosed with massive UGIB from a Cameron’s ulcer which had formed after palliative reduction of a hiatal hernia.



8/29: EGD photos with hand-written findings

Discussion:

To the best of our knowledge, this is the first case report of a patient who suffered from recurrent massive UGIB from a Cameron’s ulcer which developed in the weeks after palliative gastropexy with PEG for hiatal hernia who had no previous risk factors for bleeding or ulcer formation.

Incomplete reduction of chronic hiatal hernia with palliative gastropexy may result in inadequate re-approximation of the gastroesophageal junction. Such reduction may place mechanical and ischemic stress on a new part of the gastric mucosa, forming new Cameron’s lesions which infrequently cause massive UGIB.

Teaching Points:

1. Cameron’s lesions are gastric ulcers resulting from mechanical/ischemic stress on the gastric mucosa by the diaphragmatic crura
2. While Cameron’s lesions frequently present in the setting of hiatal hernia, they may also form after partial reduction of hiatal hernia and incomplete re-approximation of the gastroesophageal junction, a complex of structures including the lower esophageal sphincter and the diaphragmatic crura
3. Cameron’s lesions may lead to massive upper GI bleeding; diagnosis requires clinical suspicion and upper endoscopy with close attention to dynamic ulcer location

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