

GI Hemorrhage - Upper GI

Chris Stark, MD, Albany Medical Center, Albany, NY

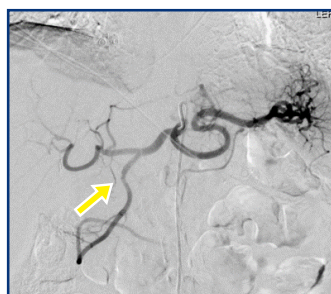
Patient Presentation

72-year-old female patient with ESRD presents with 2-day history of melena and a syncopal episode preceded by central abdominal pain.



Coronal post-contrast CT images demonstrate a large duodenal ulcer (orange arrow). The gastroduodenal artery courses along the medial aspect of the ulcer (blue arrows).

Access & Treatment

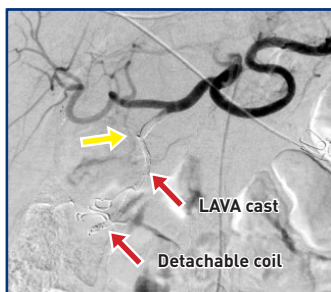


Celiac angiogram demonstrates a focal contour abnormality in the proximal segment of the gastroduodenal artery (yellow arrow), but no active extravasation or pseudoaneurysm. Due to endoscopic findings, prophylactic embolization of the gastroduodenal artery is planned.



A microcatheter is advanced into the proximal right gastroepiploic artery. A single detachable coil is placed as a distal backstop followed by embolization of the gastroduodenal artery with LAVA 34.

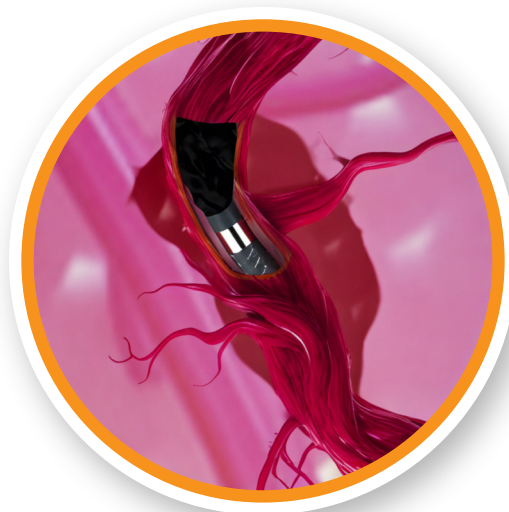
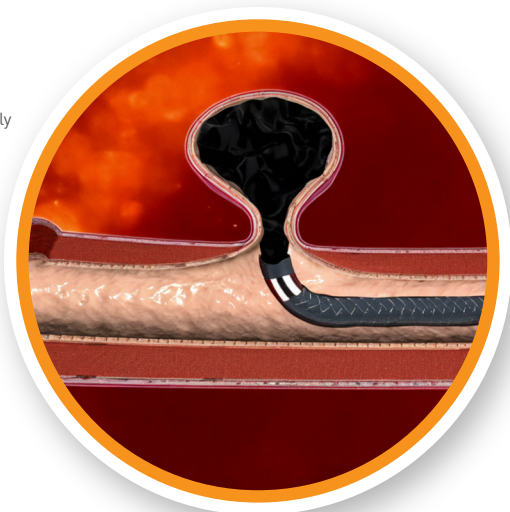
Post-Embolization



Post-embolization celiac angiogram demonstrates complete occlusion of the gastroduodenal artery. LAVA is seen filling a very small pseudoaneurysm of the proximal gastroduodenal artery, corresponding with the location of contour abnormality identified prior to embolization (yellow arrow). No adverse events observed.

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LAVA 18 - 2 mL



LAVA 34 - 6 mL



LAVA 34 - 2 mL

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Reference:

1. <https://www.fda.gov/medical-devices/recently-approved-devices/lava-liquid-embolic-system-p220020>

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