Radiotherapy as an only saving option for oncologic patient in hemorrhagic shock

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PURPOSE OF THE STUDY: Massive upper gastrointestinal bleeding is a life-threatening emergency. Hematological malignancies are very rare causes of this type of bleeding. In this case, we present a gastric diffuse large B-cell lymphoma (DLBCL) with a massive upper gastrointestinal system bleeding, causing shock and an only option of radiotherapy at this emergency setting.

MATERIALS AND METHODS: A 52-year-old male patient was admitted to emergency department with hematemesis and hematochezia. In physical examination patient was confused, pale and sweaty; his vital signs were unstable with a heart rate of 150 per minute and a blood pressure of 60/30 mmHg. His hemoglobin (Hb) level was found **4.71 g/dL**.

Pic.1 Histology and endoscopy of gastric diffuse large B-cell lymphoma

Hemorrhagic Choque:

Pressure 60/40mmHg, Pulse 150, Hb 4,8;
pH 7,23, Lac 13; HCO₃ 12

Pic. 2

3D conformational radiotherapy

ICU admission
Oncologic ward
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CONCLUSIONS: Although not listed as a common cause of massive gastrointestinal bleeding DLBCL can cause life-threatening situations mostly because of its malignant nature. However, in most cases a bleeding cancer responses to radiotherapy is not immediate, but in some desperate cases, an external beam radiation therapy might stop bleeding and save lives, when applied in emergency setting.

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