## Supplementary Table 1. Demographic, clinical presentation, comorbid conditions, lesion site, treatment, and outcome data of patients with jejunal Dieulafoy’s lesion (1944–2010).

| Authors and year of publication | Country | Age/ gender | Clinical presentation | Hemo globin (g/dL) | Comorbid conditions | AOC/ NSAIDs | Diagnostic workup | Diagnostic attempts | Treatment | Rebleed/ treatment | Outcome, follow-up duration |
|---------------------------------|---------|-------------|-----------------------|-------------------|--------------------|-------------|------------------|-------------------|-----------|------------------|-----------------------------|
| Levine and Valk, 1944 ^11        | USA     | 18/F        | Abdominal pain, hematochezia | 5                 | None               | No          | UGI series was unremarkable. Ex-lap showed proximal jejunal mass filled with thrombus that actively bled on manipulation * | 2                  | Surgical resection | No                | Recovered                  |
| Rathmell et al. 1951 ^14        | USA     | 29/F        | Massive rectal bleeding | NR                | None               | No          | Ex-lap failed. Autopsy showed 5-mm aneurysmal artery in second part of the jejunum | -                  | -                    | -                | Died                        |
| Gueco et al. 1969 ^13           | USA     | 20/F        | Melena               | NR                | None               | No          | Laparotomy showed the jejunal lesion, 15-20 cm from the ligament of Treitz | 1                  | Surgical resection | No                | Recovered                  |
| Matuchansky et al. 1978 ^16     | Austria | 31/M        | Shock, BRBPR, melena | 6                 | None               | No          | IOE failed. SMA angiography detected the lesion in proximal jejunum. Repeat ex-lap confirmed the lesion * | 3                  | Surgical resection | No                | Recovered, 48 months      |
| Matuchansky et al. 1978 ^16     | Austria | 24/M        | Melena               | 8                 | Childhood asthema  | No          | EGD, colonoscopy, and small bowel X-ray failed. Ex-lap revealed lesion in third jejunal loop * | 4                | Surgical resection | No                | Recovered, 12 months      |
| Boix et al. 1988 ^17            | Spain   | 50/F        | Melena               | NR                | Marked anemia      | NR          | EGD, colonoscopy, selective celiac angiography, and X-ray failed. Bleeding scan detected and IOE confirmed the lesion at 100 cm from the ligament of Treitz * | 3                  | Surgical resection | No                | Recovered, 9 months      |
| Park et al. 1988 ^44            | Korea   | 55/F        | Hematemesis, dizziness, epigastric pain | 8.3        | Subtotal gastrojejunoscopy | NR          | Gastric lavage failed. Gastroscope showed a small exposed bleeding vessel at the jejunal side of the anastomosis | 2              | Epinephrine + photocoagulation | No                | Recovered                  |
| Vetto et al. 1989 ^54           | USA     | 58/M        | Shock, BRBPR, abdominal pain | NR               | Intravenous drug abuse, HTN, HOCM, CHF, TB endocarditis, pericarditis, hepatitis | No          | EGD and colonoscopy failed. Angiography indicated midjejunal dye extravasation. Ex-lap showed mass lesion with artery at 20 cm from the ligament of Treitz * | 4                  | Surgical resection | No                | Recovered, 6 months      |
| Vetto et al. 1989 ^54           | USA     | 72/M        | Melena               | NR                | Aortic insufficiency, vagotomy, pyloproplasty | No          | UGI series, barium enema, visceral angiography, and ex-lap failed. Repeat ex-lap showed large submucosal vessel at 45 cm distal to the ligament of Treitz | 5                  | Surgical resection | No                | Recovered                  |
| Katz et al. 1991 ^103           | USA     | 16/M        | Orthostatic weakness, hematochezia | 9                | Dyslexia           | No          | SM angiogram pinpointed small bowel bleeding. Ex-lap revealed a 1-cm lesion in the distal jejunum | 2                  | Surgical resection | No                | Recovered                  |
| Saunders et al. 1991 ^39        | UK      | 34/M        | BRBPR, shock         | NR                | None               | Ibuprofen   | EGD failed. 99m Tc-labelled pinpointed and selective red cell scan identified jejunal lesion. Ex-lap confirmed a large solitary submucosal proximal jejunal artery | 4                  | Surgical resection | No                | Recovered                  |
| Goins et al. 1995 ^23           | USA     | 36/M        | Shock, hematochezia  | NR                | Drug abuse (cocaime, heroin), diverticulosis | No          | Rigid proctosigmoidoscopy, blood scan, and IOE failed even after subtotal colectomy. Mesenteric angiography twice indicated but couldn’t pinpoint the lesion. Repeat IOE showed an antimesenteric actively bleeding lesion, 30 cm distal to the ligament of Treitz | 6                  | Surgical resection | No                | Recovered                  |
| Murray et al. 1996 ^34          | USA     | 12/M        | Hematemesis, hematochezia | 13               | Congenital heart disease, prior GI obstruction | Aspirin     | EGD showed 2-3 mm protruding artery from a nonulcerated mucosal surface inside the efferent limb of small bowel | 1                  | Epinephrine + endoscopic band ligation | No                | Recovered, 4 months      |
| Lee et al. 1997 ^5              | Korea   | 20/F        | Hematochezia         | 8.1               | None               | No          | EGD and colonoscopy failed. Blood scan detected lesion involving third branch of jejunal artery, which was confirmed by SMA angiography and ex-lap * | 4                  | Surgical resection | No                | Recovered, 2 months      |
| Gadenstätter et al. 1998 ^53     | Austria | 54/M        | Hematemesis, melena, | 7                 | Billroth II gastrectomy, GIB | No          | EGD revealed a spurting arterial vessel in the efferent limb of the jejunum, confirmed by surgery * | 1                  | Injection sclerotherapy | Yes/ surgery | Recovered, 72 months |
| Gadenstätter et al. 1998 ^53     | Austria | 45/M        | Hematemesis, melena, | 7.2               | Billroth II gastrectomy | No          | EGD showed a pulsating vessel without active hemorrhage in the efferent jejunal limb | 1                  | Injection sclerotherapy | Yes/ surgery | Recovered, 36 months |
| Deutsch et al. 1998 ^33         | USA     | 27/M        | Hematochezia         | NR                | NR                 | No          | Diagnostic evaluation failed to identify the source on initial admission. Ex-lap identified a proximal jejunal submucosal aneurysm on the mesenteric border * | 3                  | Surgical resection | No                | Recovered                  |
| Geschwind et al. 1998 ^103      | USA     | 73/M        | Acute GIB            | NR                | Ileal resections for GIB | NR          | Tc-99m RBC scintigraphy was positive for jejunal lesion but celiac angiography was negative, laparotomy with portable intraoperative Tc-99m RBC scintigraphy confirmed * | 4                  | Surgical resection | No                | Recovered                  |
| Al Asseeri et al. 2000 ^30      | KSA     | 64/M        | Epigastric discomfort | 12.6              | HTN                | No          | EGD, colonoscopy and Meckel’s nuclear scan failed. Red cell scan detected bleeding | 5                  | Surgical resection | No                | Recovered, 6 months      |
| Last Name | First Name | Gender | Age | Race | Symptoms | Medication | Procedure | Diagnosis | Outcome |
|-----------|------------|--------|-----|------|----------|------------|-----------|-----------|---------|
| Yang et al. | 2009 | USA | 70/F | Obscure, recurrent, massive GIB | NA | NA | EGD, colonoscopy, enteroscopy with pediatric colonoscope, and angiography failed, PE showed single lesion in the proximal jejunum | Epinephrine + ethanolamine oleate injection | Recovered, 12 months |
| Fallows et al. | 2000 | Canada | 19/F | BRBPR | D&C for DUB, intestinal intussusception | Naproxen | EGD, colonoscopy, CTA, CT abdomen and small bowel barium follow-through failed. Ex-lap revealed a mid-jejunal intussuscepted segment | Surgical resection | Recovered, 18 months |
| Nikolaidis et al. | 2001 | Greece | 28/M | Melena, GIB, pyloric stenosis surgery | Yes | Upper endoscopy identified jejunal lesion | Endoscopic band ligation | Yes/ surgery | Recovered |
| Blecker et al. | 2001 | USA | 18/M | Episodic syncope, melena | NR | None | Acetaminophen | Surgical resection | No | Recovered |
| Metras et al. | 2002 | USA | 41/M | Massive rectal bleeding | 12.2 | Hypercholesterolemia | No | Bleeding scan, EGD, colonoscopy, and sigmoidoscopy failed to pinpoint the lesion. CTA showed 2 apparent aneurysms on the jejunal branch of SMA. Ex-lap identified the lesion | Jejunal resection + Meckel’s diverticulum excision | No | Recovered, 6 months |
| Owaki et al. | 2002 | Japan | 12/F | Hematochezia | NR | None | No | EGD and colonoscopy failed. CTA revealed pulsatile extravasation with pseudoaneurysmal dilatation in the distribution of distal jejunal branch | Surgical resection | No | Recovered, 24 months |
| Ueno et al. | 2002 | Japan | 37/M | Hematochezia, hypotension | 9.6 | GIB | No | CTA, EGD, and colonoscopy were unremarkable. IOE showed a 6-mm submucosal lesion in the jejunum, 40 cm distal to the ligament of Treitz | Surgical resection | No | Recovered, 36 months |
| Wan et al. | 2002 | Malaysia | 27/M | Giddiness, melena, syncope | NR | None | No | EGD failed. Ex-lap showed a small nodule on the jeunal mucosa located 40 cm from duodenojejunal junction was identified through palpation from the serosal aspect | Surgical resection | No | Recovered, 24 months |
| Mino et al. | 2004 | Japan | 31/F | Spontaneous LOC, melena | NR | None | No | EGD, colonoscopy, X-ray, USG, CT, and Meckel’s scintigraphy failed. Red cell scan and CTA revealed a jejunal bleeding source in the area between the first and second jejunal branches. Ex-lap confirmed the lesion | Surgical resection | No | Recovered, 36 months |
| Baker et al. | 2005 | USA | 77/F | Anemia, melena weakness | 6 | NR | NR | EGD, colonoscopy, 3 PE, CE, and CTA failed. Blood scan showed jejunal bleeding. Ex-lap with IOE identified the proximal jejunal lesion | Surgical resection | No | Recovered |
| Kim et al. | 2005 | Korea | 35/M | Dizziness, palpitation, indigestion | 9.1 | None | No | EGD, colonoscopy, and angiography failed. CT showed a mass in the lumen of the jejunum. Enteroclysis revealed a jejunal stricture with central ulceration. Ex-lap confirmed the diagnosis | Surgical resection | No | Recovered |
| Katsinelos et al. | 2005 | Greece | 72/M | Hematemesis, melena | 9.6 | HTN, angina | Yes | Endoscopy showed visible jejunal vessel | Epinephrine + dextrose 50% | Yes/ surgery | Died |
| Ke et al. | 2006 | China | 67/F | Abdominal pain, melena | NR | Maltoma | No | CT didn’t reveal the lesion. Angiogram showed mid-jejunal bleeding | TAE | Yes/ surgery | Recovered |
| Nga et al. | 2007 | China | 39/M | Dysentery, postural giddiness, lethargy | 7.4 | None | No | EGD and colonoscopy unremarkable. CTA localized jejunal lesion. Ex-lap showed active jejunal bleeding from a 1-cm large reddish, 30 cm from the duodenojejunal junction | Surgical resection | No | Recovered |
| Sai Prasad | 2007 | Singapore | 13/M | Giddiness | 7.5 | None | No | EGD and blood scan failed. CE showed a bleeding solitary jejunal polyp, from around 100 cm from the duodenojejunal junction. Ex-lap confirmed the diagnosis | Surgical resection | No | Recovered, 12 months |
| Iacopini et al. | 2007 | Italy | 70/M | Acute GIB | 8 | None | No | Endoscopy revealed the lesion in proximal segment of the effenter jejunal loop | APC | No | Recovered, 45 months |
| Yano et al. | 2008 | Japan | 72/F | Obscure GIB | NR | NR | DBE showed a punctulate lesion with pulsatile bleeding was found at the proximal jejunum | Endoscopic hemoclippping | No | Recovered |
| Yano et al. | 2008 | Japan | 56/M | Obscure GIB | NR | NR | DBE showed a reddish protruding lesion with a whitish clot was found at the jejunal ileal junction | Endoscopic hemoclippping | No | Recovered |
| Perez-Roldan et al. | 2009 | Spain | 15/F | BRBPR, shock | NR | None | No | EGD and colonoscopy failed. Ex-lap with IOE showed proximal jejunal lesion | Surgical resection | No | Recovered |
| Rim et al. | 2009 | USA | 30/M | BRBPR, fatigue | 10.7 | None | No | X-ray, bleeding scan and angiography failed. Surgery identified proximal jejunal mass | Surgical resection | No | Recovered |
| Moreira-Pinto et al. | 2009 | Portugal | 14/F | Nausea, vomiting, dizziness, LOC, hematochezia | 10 | None | No | EGD, colonoscopy, and CTA failed. Ex-lap showed bleeding lesion at 14 cm distal to the Treitz angle | Surgical resection | No | Recovered, 24 months |
| Yang et al. | Taiwan | 54/M | Melena | 3.3 | DJ | No | EGD and colonoscopy failed. CT identified | Endoscopic resection | No | Recovered |
| Year | Country | Age | Gender | Comorbidities | Initial Symptoms | Diagnosis | Treatment | Outcome | Location |
|------|---------|-----|--------|---------------|-----------------|-----------|-----------|---------|----------|
| 2009 | UK      | 78  | F      | None          | Syncope, palpitation | Diverticulosis | Hemoclipping | 1 month | 50 cm from ligament of Treitz |
| 2009 | Japan   | 72  | M      | None          | Melena, hematemesis | Diverticulosis and CTA detected jejunal lesion | 3 Anterior gastrotomy + jejunal resection | No | Recovered, 6 months |
| 2009 | USA     | 76  | F      | None          | Admitted for chemotherapy | EGD and colonoscopy failed. CT and angiography identified the source in the proximal jejunum | 4 TAE | Yes/ hemoclipping + sclerotherapy | Recovered |
| 2010 | Japan   | 80  | M      | None          | Melena | CT and angiography failed. Barium showed diverticula. Peroral DBE showed Dieulafoy-like lesion on the fold in the proximal jejunum | 4 Endoscopic hemoclipping | Yes/ surgery | Recovered, 8 months |
| 2010 | China   | 81  | F      | None          | Hematochezia | CE showed diverticular bleeding. Barium study showed diverticula. Angiography was negative. Peroral DBE showed Dieulafoy-like lesion on the fold in the proximal jejunum | 4 Endoscopic hemoclipping | No | Recovered, 8 months |
| 2010 | China   | 73  | M      | None          | Melena | Peroral DBE showed Dieulafoy-like lesion on the fold in the proximal jejunum | 1 Injection therapy + hemoclipping | No | Recovered, 9 months |
| 2010 | China   | 74  | F      | None          | Melena | CT negative. CE and barium diverticular. Angiography negative. Peroral DBE showed Dieulafoy-like lesion on the fold in the proximal jejunum | 5 Endoscopic hemoclipping | No | Recovered, 9 months |
| 2010 | Korea   | 37  | M      | None          | Hematochezia | Initial CT unremarkable. Repeat CE picked and PE identified but ex-lap confirmed the proximal jejunal lesion | 5 Surgical resection | No | Recovered |
| 2010 | USA     | 79.4±11.8/1M,1F | M      | None          | Melena, hematemesis, hematochezia | Endoscopy diagnosed jejunal lesions in both cases | 2 Heater probe; epinephrine + hemoclipping | No | Recovered, 40.4 ± 35.8 |

**Abbreviations**: *, histopathologic confirmation of a Dieulafoy’s lesion; AOC/NSAIDs, anticoagulants/non-steroidal anti-inflammatory drugs; UGI, upper gastrointestinal; ex-lap, exploratory laparotomy; NR, not reported; BRBPR, bright-red blood per rectum; IOE, intraoperative enteroscopy; SMA, superior mesenteric artery; EGD, esophagogastroduodenoscopy; HTN, hypertension; HOCM, hypertrophic obstructive cardiomyopathy; CHF, congestive heart failure; TB, tuberculosis; GIB, gastrointestinal bleeding; RH, right hemicolectomy; JSR, jejunal surgical resection; D & C, dilatation and curettage; DUB, dysfunctional uterine bleeding; LOC, loss of consciousness; PE, push enteroscopy; CE, capsule enteroscopy; APC, argon plasma coagulation; AF, atrial fibrillation; AML, acute myeloid leukemia; DBE, double-balloon enteroscopy; CAD, coronary artery disease.
| Authors, year                      | Country    | Age/ gender | Clinical presentation | Hemo globin (g/dL) | Comorbid conditions | AOC/ NSAIDs | Diagnostic workup                                           | Diagnostic attempt | Treatment | Rebleed | Outcome, follow-up duration |
|-----------------------------------|------------|-------------|-----------------------|-------------------|---------------------|-------------|-----------------------------------------------------------|---------------------|-----------|---------|---------------------------|
| Dulic-Lakovic et al. 2011 74      | Austria    | 80/F        | Obscure-overt GIB     | NR                | NR                  | NR          | DBE was diagnostic for proximal jejunal lesion            | 1                   | Injection + hemoclipping  | No      | Recovered, 7 months       |
| Dulic-Lakovic et al. 2011 74      | Austria    | 75/F        | Obscure-overt GIB, TDA| NR                | NR                  | NR          | DBE identified jejunal lesion for proximal jejunal lesion | 1                   | APC       | Yes/surgery          | Recovered, 24 months |
| Dulic-Lakovic et al. 2011 74      | Austria    | 71/M        | Obscure-overt GIB, TDA| NR                | NR                  | NR          | DBE detected jejunal lesion for proximal jejunal lesion   | 1                   | Injection + hemoclipping  | No      | Recovered, 14 months      |
| Dulic-Lakovic et al. 2011 74      | Austria    | 51/F        | Obscure-overt GIB, TDA| NR                | NR                  | NR          | DBE was diagnostic for proximal jejunal lesion            | 1                   | Endoscopic hemoclipping   | No      | Recovered, 49 months      |
| Dulic-Lakovic et al. 2011 74      | Austria    | 77/F        | Obscure-overt GIB, TDA| NR                | NR                  | NR          | DBE detected jejunal lesion for proximal jejunal lesion   | 1                   | Endoscopic hemoclipping   | No      | Recovered, 15 months      |
| Dulic-Lakovic et al. 2011 74      | Austria    | 35/M        | Obscure-overt GIB, TDA| NR                | NR                  | NR          | DBE was diagnostic for proximal jejunal lesion            | 3                   | Endoscopic hemoclipping   | No      | Recovered, 11 months      |
| Dulic-Lakovic et al. 2011 74      | Austria    | 73/M        | Obscure-overt GIB     | NR                | NR                  | NR          | SBE detected the proximal jejunal lesion                   | 2                   | APC       | No                   | Recovered, 17 months     |
| Dulic-Lakovic et al. 2011 74      | Austria    | 75/F        | Obscure-overt GIB     | NR                | NR                  | NR          | SBE was diagnostic for proximal jejunal lesion            | 2                   | Sclerotherapy + APC       | Yes/surgery | Recovered, 3 months       |
| Dulic-Lakovic et al. 2011 74      | Austria    | 82/F        | Obscure-overt GIB     | NR                | NR                  | NR          | SBE identified the proximal jejunal lesion                 | 1                   | Endoscopic hemoclipping   | No      | Recovered, 5 months       |
| Eddi et al. 2011 86               | USA        | 63/F        | Melena                | 10.3              | HTN, asthma, osteoarthritis, Bilroth ii gastrojejunoscopy | Misoprostol/ diclofenac sodium | EGD, CT, and selective CTA failed. PE with pediatric colonoscopy identified the lesion in the afferent loop of the jejunostomy | 4                   | Epinephrine + hemoclipping | No       | Recovered                |
| Chung et al. 2011 85              | Taiwan     | M           | Melena, dizziness     | 6.6               | None                | No          | EGD, colonoscopy, and CTA failed. SBE showed several jejunal diverticula and one eroded exposed mid-jejunal vessel was noted after performing irrigation on the reddish spot | 4                   | Endoscopic hemoclipping   | No       | Recovered, 3 months       |
| Vakil et al. 2011 40              | USA        | 21/M        | Melena                | 11.4              | Obesity             | No          | CT abdomen negative, emergency endoscopy and aigmendoscopy negative. Mesenteric angiogram indicated but ex-lap confirmed jejunal lesion* | 5                   | Surgical resection        | No       | Recovered                |
| Paliwal et al. 2011 112           | India      | 20-73       | Obscure-overt GIB     | NR                | NR                  | NR          | CE 3; SBE 1                                               | 1 (3) (2 (1) | Hemoclipping + surgery | No      | Recovered, 4-12 months   |
| Landaeta et al. 2013 79           | Venezuela  | 15-80       | Obscure-overt GIB, 17; shock, 14 | NR        | NR                  | NR          | SBE/DBE (17); 12 lesions by oral approach and 5 were diagnosed by anal route | 1 (13) (2 4) | Injection + APC (4), injection + clips (7), clips (4), APC (1) | No      | Recovered, 8-14 months   |
| Prachayakul et al. 2013 86        | Thailand   | 18-89       | Obscure-overt GIB     | NR                | NR                  | NR          | SBE found lesions in mid-to-distal jejunum                | 4 (3) (2 (2) | Hemoclipping (3), Epinephrine (1) + APC (1) | No       | Recovered, 4 months       |
| Johnson et al. 2013 18            | USA        | 73/F        | Hematochezia          | NR                | Abdominal aortic aneurysm, recurrent obscure-overt GIB | NR          | EGD, colonoscopy, CE, 4 CTAs, ex-lap, SBE, tagged red cell scan, and aortogram were non-diagnostic. She died eventually. Autopsy diagnosed jejunal DL | -                   | -                         | -         | Died                  |
| Kirschberg et al. 2013 82         | Germany    | NR          | Melena, dizziness, sweating | 9.3             | Gastric cancer, Roux-en-Y gastric bypass, laparoscopic cholecystectomy, aneurysma spurium of the artery hepatica dextra | NR          | Upper endoscopy identified the lesion                     | 1                   | Ethoxysclerol + hemoclipping | No       | Recovered                |
| Khalaf et al. 2014 84             | USA        | 83/F        | Epigastric pain, melena | 9.1              | HTN, GERD, DD, IIA, treated jejunal AVMs | NR          | Pediatric colonoscope showed an actively bleeding arterial vessel in proximal jejunum | 1                   | Endoscopic hemoclipping   | No       | Recovered                |
| Authors | Country | Age | Gender | Presenting Symptom(s) | Associated Findings | Intervention | Result |
|---------|---------|-----|--------|----------------------|---------------------|--------------|--------|
| Kozan et al. 2014 | Turkey | 15/M | | Syncope, hematochezia | | Endoscopic hemoclipping | Recovered |
| Lipka et al. 2015 | USA | 25/F | | Melena | CABG, CHF, HTN, AF with PPM, CVA, alcoholism | Bipolar + APC + hemoclipping | Recovered, 12 months |
| Lipka et al. 2015 | USA | 74/F | | Melena | CABG, CHF, AF, HTN, AS, CVA, OSA, alcoholism | Bipolar | Recovered, 19 months |
| Lipka et al. 2015 | USA | 80/F | | Melena | CABG, CHF, AVR, PPM, AF, HTN, alcoholism | Bipolar | Recovered, 18 months |
| Lipka et al. 2015 | USA | 78/F | | Melena | CABG, CHF, HTN, HLD, DM, Anemia | Bipolar + APC + endoscopic hemoclipping | Recovered, 8 months |
| Lipka et al. 2015 | USA | 60/F | | Melena | PUD, anemia, COPD | APC | Recovered, 1.5 months |
| Lipka et al. 2015 | USA | 25/M | | Melena | CABG, CHF, HTN, HLD, DM, Anemia | Epinephrine + Bipolar | Recovered, 15 months |
| Ego et al. 2015 | Japan | 95/F | | Melena | CHF, CRD | Endoscopic band ligation | Recovered, 44 months |
| Bahar et al. 2015 | USA | 78/M | | Melena | CAD, AF, ESRD on HD | Endoscopic band ligation | Recovered, 1 month |
| Bahar et al. 2015 | USA | 64/M | | Melena | CHF, DM2, HTN | Endoscopic band ligation | Recovered, 4 months |
| Sousa et al. 2016 | Portugal | 25/M | | Hematochezia | HIV, GIB, rectal polyp excision | Surgical resection | Recovered |
| Chao et al. 2016 | Taiwan | 15/M | | Hematochezia, hypotension | | Surgical resection | Recovered |
| Holleran et al. 2016 | Ireland | 67/F | | Obscure-overt GIB | RF, aortic and MVR, CHF, cirrhosis | APC + endoscopic hemoclipping | Died due to cardiac complication |
| Holleran et al. 2016 | Ireland | 74/F | | Melena | RF, MVR, CHF, SBAD, cirrhosis, portal HTN, cholecystitis | APC | Recovered, 24 months |
| Holleran et al. 2016 | Ireland | 76/F | | Melena | MVR, CML, cirrhosis, HTN, jejunal AE (TAE) | APC + endoscopic hemoclipping | Recovered |
| Aoyama et al. 2016 | Japan | 79/M | | Exertional dyspnea, melena, anemia | Angina pectoris, Aspirin, clodigrel | APC | Recovered |
| Lee et al. 2016 | Korea | 38/F | | Abdominal pain, hematochezia | None | TAE | Recovered, 24 months |
| Seo et al. 2017 | Korea | 25/M | | Hematochezia | None | TAE | Recovered, 24 months |
| Sinha et al. 2018 | USA | 55/M | | CRBPR, hypotension | Alcoholic liver cirrhosis | Endoscopic hemoclipping | Recovered |
| Jung et al. 2019 | Germany | 69 | | Hematemesis, melena, fatigue, anemia | Gastric + cecal angiodysplasia | Endoscopic hemoclipping + OTSC | Recovered |
| Cardoso et al. 2019 | Portugal | 21/M | | Fatigue, dizziness | Type 1 vWD, gastroduodenal | Endoscopic hemoclipping | Recovered, 18 months |
| Authors                  | Country | Gender | Age | Symptoms                                      | Diagnostic Methods                                                                 | Therapies                                      | Outcomes                                      |
|--------------------------|---------|--------|-----|-----------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| Zhao et al. 2019         | China   | 41/M   | NR  | Hematochezia, syncope, weakness               | EGD and colonoscopy failed. SBE detected and ex-lap confirmed proximal jejunal lesion | Surgical resection                           | No, Recovered, 6 months                       |
| Garg et al. 2019         | India   | 34/M   | 4.6 | Hemorrhoids                                    | EGD and colonoscopy normal. CT showed IC junction thickening. Repeat EGD picked midjejunal DL * | Injection sclerotherapy                       | No, Recovered, 3 months                       |
| Saada et al. 2019        | Israel  | 27/M   | 13  | None                                          | EGD, colonoscopy, sigmoidoscopy, and angiography failed. Red cell scan showed small bowel bleeding. Ex-lap confirmed jejunal bleeding site. * | Surgical resection                           | No, Recovered, 3 months                       |
| Kawabata et al. 2019     | Japan   | 81/M   | 6.3 | CVA, GS, Aspirin + clobazol                   | CT detected and portal enteroscopy showed a DL with gush-out hemorrhage from a protruding visible vessel on the jejunal wall 40 cm from the ligament of Treitz. | Endoscopic hemoclipping                       | Died after 10 weeks due to worsening of GS    |
| Mendo et al. 2020        | Portugal| 74/M   | 8.8 | Chronic AF                                     | Repeat EGD failed. CTA detected but ex-lap confirmed a bleeding jejunal diverticulum, 30 cm distal to the ligament of Treitz. * | Surgical resection                           | No, Recovered                                |
| Oladunjoye et al. 2020   | USA     | 80/F   | NR  | Melena, dyspnea on exertion, body weakness    | EGD failed PE identified jejunal lesion                                            | APC + hemoclipping                            | No, Recovered                                |
| Yano et al. 2020         | Japan   | 68/M   | 5.6 | Gastric CA (distal gastrectomy and Billroth I), brain infarction | EGD identified the jejunal lesion                                                   | Endoscopic hemoclipping                       | Yes/OTSC + banding, Recovered, 2-145 months  |
| Pérez Fernández et al. 2020 | Spain | 55-65; median: 71/M6, F7 | Melena 10, hematochezia | HTN 10, VHD 5 | CE identified lesion in 2/13 while DBE diagnosed 10 patients and 1 had no endoscopic findings | APC + epinephrine (8), APC + epinephrine hemoclipping (3); APC + hemoclipping (1); epinephrine hemoclipping (1) | Yes/ APC + epinephrine 2, surgery 1, Recovered, 3 months |
| Yehya et al. 2020         | USA     | 21/M   | 10  | BRBPR, hematemesis                            | CTA, EGD, and colonoscopy failed. Blood scan indicated jejunal lesion but ex-lap confirmed proximal jejunal lesion. * | Surgical resection                           | No, Recovered                                |
| Jaiswal et al. 2020      | USA     | 21/M   | 13.5| Hematochezia, shock                           | CTA failed. IOE showed jejunal lesion                                              | Surgical ligation                            | No, Recovered                                |

**Abbreviations:** *histopathologic confirmation of a Dieulafoy’s lesion; AOC/NSAIDs, anticoagulants/non-steroidal anti-inflammatory drugs; GIB, gastrointestinal bleeding; NR, not reported; DBE, double-balloon enteroscopy; TDA, transfusion-dependent anemia; APC, argon plasma coagulation; SBE, single-balloon enteroscopy; HTN, hypertension; PE, push enteroscopy; CE, capsule endoscopy; Ex-lap, exploratory laparotomy; GERD, gastroesophageal reflux disorder; DD, diverticular disease; IDA, iron-deficiency anemia; AVM, arteriovenous malformation; IOE, intraoperative enteroscopy; PCOS, polycystic ovary syndrome; TAE, transcatheter arterial embolization; CAGB, coronary artery bypass grafting; AF, atrial fibrillation; CA, carcinoma; IR, interventional radiology; MI, myocardial infarction; CHF, congestive heart failure; AS, aortic stenosis; CVA, cerebrovascular accident; OSA, obstructive sleep apnea; AVR, aortic valve replacement; PPM, permanent pacemaker; PUD, peptic ulcer disease; COPD, chronic obstructive pulmonary disease; HLD, hyperlipidemia; DM, diabetes mellitus; MR, mitral regurgitation; TR, tricuspid regurgitation; DL, Dieulafoy’s lesion; ESRD, end-stage renal disease; RF, rheumatic fever; MVR, mitral valve replacements; SBAD, small bowel angiodysplasia; CML, chronic myelogenous leukemia; BRBPR, bright-red blood per rectum; vWD, von Willebrand disease; IC, ileocolic; GS, Goodpasture syndrome; VHD, valvular heart disease.