



IMAGE OF THE MONTH

Cameron lesions and selective serotonin reuptake inhibitors: An uncommon combination ☆



Úlceras de Cameron e inhibidores de la recaptación de serotonina: una asociación infrecuente

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66-year-old female presenting with coffee-ground vomitus and melaena with no other relevant clinical symptoms. Her medical records indicate that she suffers from anxiety with personality disorder treated with fluoxetine and olanzapine. Blood tests showed a haemoglobin level of 9.4 g/dl, which represents a level of anaemia of up to 4 points with respect to her normal values, and urea 110 mg/dl, with creatinine in normal range. A gastroscopy was performed which revealed a large hiatal hernia with multiple linear erosions compatible with Cameron lesions, with little active bleeding (Fig. 1). Treatment with proton pump inhibitors (PPI) at high doses was started immediately.

Cameron lesions are single or multiple lesions of the gastric mucosa that appear in the sac of a hiatal hernia, especially if it is large in size.¹ These types of lesions are usually an incidental finding and are an infrequent cause of upper gastrointestinal bleeding with haematemetic or



Figure 1 Endoscopic image in retroflexion of multiple linear erosions in hernial sac compatible with Cameron lesions.

haemodynamic repercussions, which makes them an under-diagnosed entity.² Selective serotonin reuptake inhibitors (SSRIs) have been traditionally associated with an increased risk of gastrointestinal bleeding; a recent meta-analysis seems to confirm this suspicion, showing an increased risk of bleeding of at least 36% with this group of drugs.³ It should also be remembered that SSRIs associated with ASA/NSAIDs are an indication for prophylaxis with PPIs.

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