A 79-year-old woman with atrial fibrillation on Coumadin was admitted for syncope and melena. The patient was found to have iron deficiency anemia (Hb 6.3 g/dL). On physical exam, her abdomen was not tender. She was found to have external hemorrhoids and heme positive dark stool on rectal examination. Endoscopy revealed fresh red blood in the gastric body, which was thoroughly suctioned. Despite careful inspection, no source of bleeding was identified. The duodenal bulb contained prominent Brunner’s glands and the second portion of the duodenum was also seen without blood. As there was no obvious bleeding source identified in the stomach or duodenum, yet refluxed blood was seen from the pylorus, we proceeded to examine the posterior wall of the duodenal bulb. Upon retroflexion in the duodenal bulb, an AVM was seen on the posterior wall (Fig. 1). Bipolar cautery was applied with initial evidence of bleeding and subsequent blanching of the AVM and surrounding tissue (Figs. 2, 3). At the completion of cautery and revisionalization of the duodenal bulb, no further oozing of blood was noted. The patient tolerated the procedure well. The hemoglobin remained stable and she was discharged shortly thereafter.

The pyloric channel and duodenal bulb are narrow areas of the upper gastrointestinal (GI) tract that may benefit from retroflexion when visualizing, biopsying or removing tumors. Brandt and colleagues performed the first use of the maneuver in the resection of adenomatous polyps within the duodenal bulb to the juxtapyloric region [1]. There are no cases examining retroflexion in the treatment of duodenal bulb bleeding. This particular case examined the diagnosis and treatment of an AVM in the posterior wall of the duodenal bulb.

Suspected obscure GI bleeding may warrant the use of retroflexion in the duodenal bulb. Varices, AVMs and ulcerations within the fundus and cardia of the stomach require retroflexion for thorough examination [2]. Due to a similar contour, the U-turn maneuver may be considered in the examination of the duodenal bulb, if initial inspection of the upper GI tract does not reveal a source of bleeding.

**Corresponding author**: Konika P. Bose, konika.bose@gmail.com

**Conflicts of interest.** None to declare.

**REFERENCES**
