



## International Journal of Case Reports in Surgery

E-ISSN: 2708-1508  
P-ISSN: 2708-1494  
IJCRS 2024; 6(2): 01-02  
[www.casereportsofsurgery.com](http://www.casereportsofsurgery.com)  
Received: 02-05-2024  
Accepted: 05-06-2024

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## Colon perforation on angiodysplasia lesions: A case report

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**DOI:** <https://doi.org/10.22271/27081494.2024.v6.i2a.101>

### Abstract

Intestinal angiodysplasia is the most common vascular malformation of the digestive tract. Its pathogenesis is unknown, and it can be located in various parts of the intestines, particularly in the ascending colon and the cecum.

These malformations are often present with gastrointestinal bleeding of varying severity, which can sometimes be occult and lead to iron-deficiency anemia.

However, this condition often remains underdiagnosed, posing a potential risk to the patient's life. Here, we report an unusual manifestation associated with an angiodysplasia lesion through clinical observation of a patient admitted to the emergency department with an acute abdomen.

**Keywords:** Angiodysplasia lesions, ascending colon, cecum

### Introduction

We report a case of angiodysplasia complicated by a perforation of the right colonic angle, along with a literature review.

### Observation

The patient was a 52-year-old male with no significant medical history, admitted to the emergency department for right hypochondrial pain in an afebrile context.

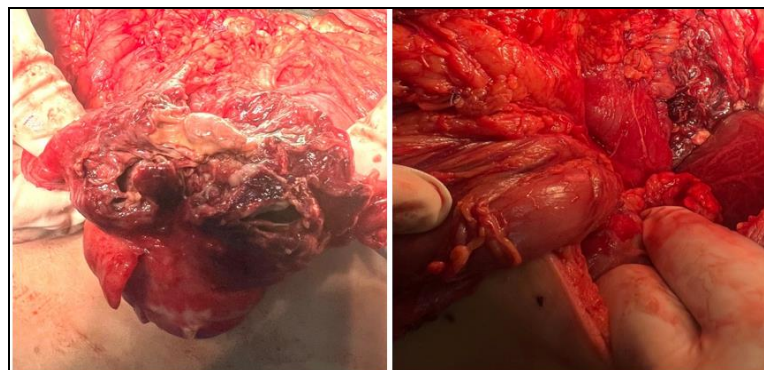
Biological work-up was almost normal except for an elevated C-reactive protein (CRP) level at 96 mg/L.

An abdominal CT scan revealed a thickened, circumferential, irregular, and partially necrotic right colon wall with a suspicious appearance, along with signs of perforation and peritonitis. After stabilization, the patient was taken to the operating room for an exploratory laparotomy. Multiple perforations of varying diameters were intraoperatively found in the right colonic angle, with an adjacent purulent collection (Fig. 1 and 2).

The surgical procedure involved a right hemicolectomy with lateral-terminal ileocolic anastomosis and drainage (Figure 3).

The postoperative course was uneventful. The patient was discharged on the 5<sup>th</sup> day.

Pathological examination results showed findings compatible with colonic angiodysplasia complicated by localized purulent peritonitis, with no histological signs of malignancy



**Fig 1 and 2:** Intraoperative images showing multiple perforations in the right colonic angle and associated purulent collection

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**Fig 3:** Surgical specimen of the right hemicolectomy, highlighting the areas of necrosis and perforation.

### Discussion

Colonic angiodysplasia are superficial vascular lesions (In the mucosa or submucosa) of the digestive wall [1]. They can occur in different colon regions but are predominantly found in the right colon, especially in the ascending part. These lesions affect both sexes equally, particularly after the age of 60.

The clinical presentation of colonic angiodysplasia can include intestinal bleeding leading to occult anemia or severe blood loss that sometimes requires blood transfusions, and in severe cases, cardiac de-compensation [2]. Colonic angiodysplasias have become better understood since the development of angiography and endoscopy. Bleeding associated with digestive angiodysplasias is often successfully treated with endoscopy or, less frequently, with hormone therapy, the efficacy of which is debated. Surgical resection has proven effective for significant hemorrhages [3, 4].

In our observation, our patient was never known to have intestinal angiodysplasia lesions, and his initial presentation was immediately an emergency surgical scenario due to multiple colonic perforations located at the right colonic angle. It is noteworthy that the occurrence of colonic perforation in the context of angiodysplasia is an unusual manifestation.

Theoretically, colonic perforation is usually caused by diverticulitis, trauma, malignant tumors, ischemic colitis, or inflammatory colitis. Regardless of the cause of colonic perforation, rapid management is necessary to avoid fatal complications [5, 6].

### Conclusion

Colonic angiodysplasia is a vascular condition that can be asymptomatic or lead to significant bleeding, but the occurrence of colonic perforation due to an angiodysplasia lesion remains rare, even unusual. With appropriate management and regular follow-up, most patients can lead a normal life without fatal complications.

### Conflict of Interest

Not available

### Financial Support

Not available

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#### How to Cite This Article

Yasser El Brahmi, Annajar Mohammed, Laraoui Hicham and Abdelmounaim Ait Ali. Colon perforation on angiodysplasia lesions: A case report. *International Journal of Case Reports in Surgery* 2024; 6(2): 01-02.

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