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Dr. Aniket Zarkar

HOD, Department of Surgery,
MAEER'S VishwaRaj
Hospital, Pune, Maharashtra,
India

Dr. Sushil Deshmukh

Consultant, Department of
Surgery, MAEER'S
VishwaRaj Hospital, Pune,
Maharashtra, India

Rare case of colonic angiodysplasia with massive bleeding

Dr. Aniket Zarkar and Dr. Sushil Deshmukh

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Abstract

Colonic diverticular bleeding is the most common cause of overt, acute lower gastrointestinal bleeding in adults. Patients with diverticular bleeding usually experience large volume hematochezia and require hospitalization for management. Colonoscopy is the test of choice for most patients, although patients with massive bleeding may require computed tomography (CT) angiography followed by angiography. Surgical intervention for diverticular bleeding is reserved for patients who have failed all other modalities. Colonic diverticular bleeding is the most common cause of hematochezia (maroon or bright red blood) in hospitalized patients, although the proportion of cases attributed to diverticular bleeding varies across series. For example, 13 percent of cases were attributed to diverticular bleeding in a multicenter study in the United Kingdom versus 63 percent in a multicenter study in Japan. We present the case of 60 yrs old male patient who presented with the complaint of pain in abdomen and blood clots per rectum (Approx. 500 - 600 ml)

Keywords: Colonic diverticular bleeding, diverticulosis, massive colon bleed

Introduction

Diverticulitis is a condition where small sacs that have bulged in your intestine (diverticula) become inflamed. People who have diverticulitis often have no symptoms, but sometimes complications are possible. One common complication is rectal bleeding. The bleeding can range from mild to severe.

Patients with acute lower gastrointestinal (GI) bleeding typically present with hematochezia, although hematochezia may also be seen in patients with massive upper GI or small bowel bleeding. Rarely, patients with right-sided colonic bleeding will present with melena. The bleeding will stop spontaneously in 80 to 85 percent of patients, and the mortality rate is 2 to 4 percent.

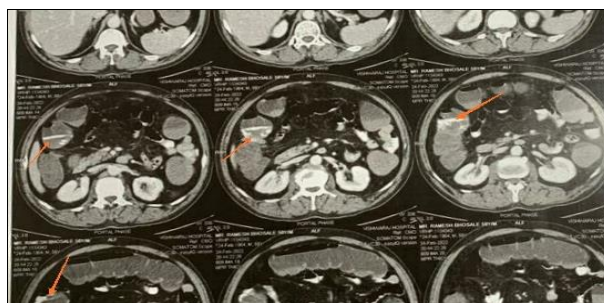
Case history

Management in Emergency Department

60 yrs old male patient came with the complaint of pain in abdomen and blood clots per rectum (Approx. 500 - 600 ml). Patient was initially treated with anti-fibrinolytic agents, bonus IV fluid. After initial resuscitation in ER, plan defined by both the consultant and decided to do CT Abdo on urgent basis.

Management in Ward

Patient was transferred to General ward for further management. HB - 11.0 gm on report but clinically sign indicated for severe anaemia.



Clinically sign indicated for severe anaemia

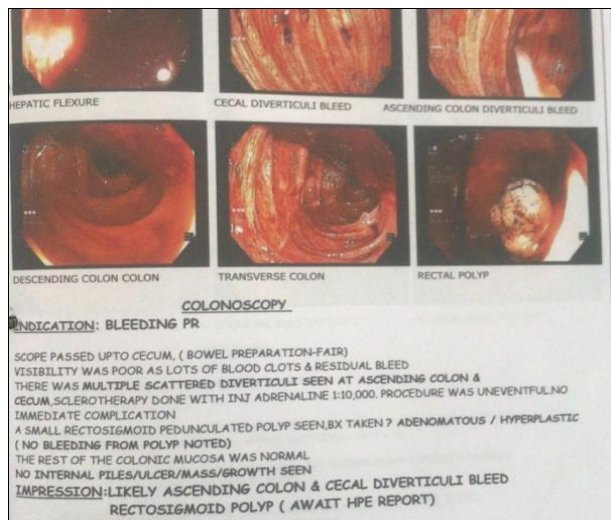
Corresponding Author:

Dr. Aniket Zarkar

HOD, Department of Surgery,
MAEER'S VishwaRaj
Hospital, Pune, Maharashtra,
India

Management in Intensive Care Unit

After primary reports patient shifted to ICU for further management. Emergency colonoscopy done Multiple Right colon diverticulosis with active bleeding which could not be controlled endoscopically. Also patient had rectosigmoid polyp, biopsy was taken. Repeat HB - 5.0 gm at 2 am on the day of admission. Massive blood transfusion done. Interventional radiologist opinion taken - I/V multiple bleeding sites embolization has been ruled out because of risk of bowel ischemia.



Massive blood transfusion done

Surgical Intervention

Patient has taken for emergency Exploratory Laparotomy and Right hemicolectomy, Ileo transverse anastomosis was done.



Ileo transverse anastomosis was done

Management in Intensive Care Unit

Aggressive post operative management done under supervision of Intensivist. On the post operative Day 2 decided to shift patient to ward.

Management in Ward

1. POD3 bedside ambulation and physiotherapy started.
2. POD4 patient has passed flatus and bowel movement was noted.
3. POD5 oral liquid started to patient.
4. POD6 oral soft diet started and shifted on oral medication.

5. After total recovery patient discharged successfully to home on POD8.

Discussion

Diverticula are common findings in the adult GI tract and are found predominantly in the large colon. The duodenum is the second most common location for GI tract diverticula after the colon. Complications that have been reported include mechanical obstruction of the biliary tract causing obstructive jaundice and cholangitis, mechanical obstruction of the pancreatic duct causing pancreatitis, mechanical obstruction of the duodenum, inflammation causing perforation, abscess and fistula formation, and hemorrhage, which can be occult or profuse. The exact incidence of hemorrhage from duodenal diverticula is unknown. In the abovementioned retrospective study of 208 patients with small bowel diverticula, bleeding complications were reported in 14 patients. Diverticular bleeding can be due to an inflamed diverticulum, erosion of a diverticulum into a major vessel, arteriovenous malformations within the diverticulum, aortoenteric fistula formation, or angiodysplasia. Less common causes of bleeding duodenal diverticula include Dieulafoy lesions in the diverticulum and bleeding secondary to intradiverticular polyps. Bleeding due to diverticular angiodysplasia, such as in our case, is exceptionally rare.

Conclusion

In conclusion, Diverticulitis is a condition where small sacs that have bulged in your intestine (diverticula) become inflamed. People who have diverticulitis often have no symptoms, but sometimes complications are possible. One common complication is rectal bleeding. The bleeding can range from mild to severe. The surgery was successfully carried out and the patient had excellent relief. Early diagnosis and prompt surgical intervention are crucial for successful management.

Acknowledgement

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Conflict of Interest

The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

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