Pedunculated Angiodysplasia：下消化道出血的稀有原因

Pedunculated Angiodysplasia : An unusual case of lower gastrointestinal bleeding

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Abstract

Colonic angiodysplasia is one of the leading causes of lower gastrointestinal bleeding in the elderly. Generally, angiodysplasia appears as a flat or elevated, bright red lesion on endoscopy. Pedunculated angiodysplasia is extremely rare. Here we report a case of 85 years old female who was admitted due to hematochezia and was later diagnosed as pedunculated angiodysplasia.

Introduction

Angiodysplasia has been increasing recognized as a major cause of gastrointestinal bleeding in elderly patient. With advent of colonoscopy, angiodysplasia has been diagnosed more frequently. Angiodysplasia usually appear as bright red, flat area with irregular borders. Only a handful of cases have been reported as single polypoid lesions. A case of 85 years old female presenting with bloody stool passage that was diagnosed with polypoid angiodysplasia was noted.

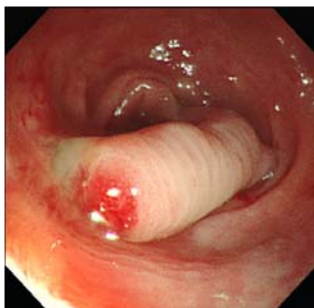
Case Report

A case of 85 years old female, was admitted due to sudden passage of large amount of bloody stool the day of admission. Patient is currently taking aspirin for old cerebrovascular accident and celecoxib for bilateral knee pain. Patient had no alcohol history and her family history was unremarkable. At presentation, patient denied weight loss, abdominal pain, nausea, vomiting, fever and urinary symptoms. Physical examination was normal except digital rectal examinations showed bloody stool on examining finger. Hemoglobin level was 12.7mg/dl. Platelet, prothrombin time and activated prothrombin time were within normal limits. After informed consent was obtained, colonoscopy was done which revealed semipedunculated polypoid lesion about 2.5cm in length at 50cm from anal verge around splenic flexure with suspected active oozing. Surgeon was consulted and laparoscopic left hemicolectomy was done. Specimen was sent for pathology which showed a picture of cluster of dilated tortuous thick-walled blood vessels in the submucosa consistent with angiodysplasia. Patient has an uncomplicated recovery and was discharge 10 days postoperatively.

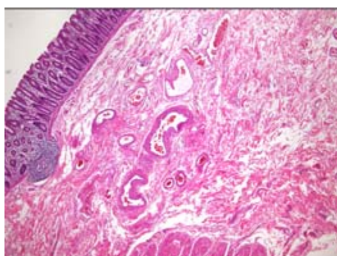
Discussion

Colonic angiodysplasia is one of the most frequent cause of lower gastrointestinal bleeding, especially in the elderly. The etiology of angiodysplasia is uncertain. It was thought that they are obtained with aging by intermittent obstruction

of submucosal venous outflow. Also, increased expression of angiogenic factor is likely to play a pathogenic role. Colonoscopy is the principal tool used for evaluating gastrointestinal bleeding and is the imaging technique that results in most diagnosis of angiodysplastic lesions. At colonoscopy, angiodysplasia is typically flat or slightly raised , red and usually 2 to 10mm in diameter. In contrast, pedunculated angiodysplasia is generally covered by smooth, whitish mucosa and may have erosions. The distribution of polypoid angiodysplasia is also different from typical angiodysplasia. Typical angiodysplasia is commonly located in the cecum and ascending colon while almost all reported case of pedunculated angiodysplasia were detected on the left side of colon. The exact pathogenesis of left predominance is unclear, but it can be postulated that intraluminal pressure may be a factor in terms of distribution of lesions. Treatment of bleeding angiodysplasia is usually treated with contact probe. Other methods include laser, injection therapy, angiographic technique, rubber bands ligation, hormonal therapy and surgical resections. Pedunculated angiodysplasia on the other hand were treated with endoscopic ablation or surgical removal, with most reported cases treated with snare polypectomy.



A semipedunculated polypoid lesion about 2.5cm in length at 50cm from anal verge around splenic flexture with suspected active oozing



Pathology finding showing a cluster of dilated tortuous thick-walled blood vessels in the submucosa.

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