Images in Gastroenterology and Hepatology

Portuguese Journal of Gastroenterology

GE Port J Gastroenterol 2018;25:203–204
DOI: 10.1159/000481176

Received: July 10, 2017
Accepted after revision: August 30, 2017
Published online: October 7, 2017

Fleeting Angiodysplasia

José Pedro Rodrigues Joyce Chivia Pedro Cardoso Figueiredo

Gastroenterology Department, Hospital de Egas Moniz, Centro Hospitalar Lisboa Ocidental, Lisbon, Portugal

Keywords
Quality in endoscopy · Angiodysplasia · Vasoconstriction

Angiodisplasia fugaz

Palavras Chave
Qualidade em endoscopia · Angiodisplasia · Vasoconstrição

Vascular malformation of the gastrointestinal tract is an uncommon, but not rare, cause of gastrointestinal bleeding [1]. Indeed, especially in the elderly, angiodysplasia represents the most frequent cause of small bowel bleeding [2]. In the colon, the prevalence estimates vary widely, from <1% in asymptomatic patients to 2–40% in the setting of low gastrointestinal bleeding [3]. The burden is particularly high when considering patients evaluated for obscure gastrointestinal bleeding who ultimately are found to have non-small-bowel lesions within reach of conventional endoscopy. Published series report a

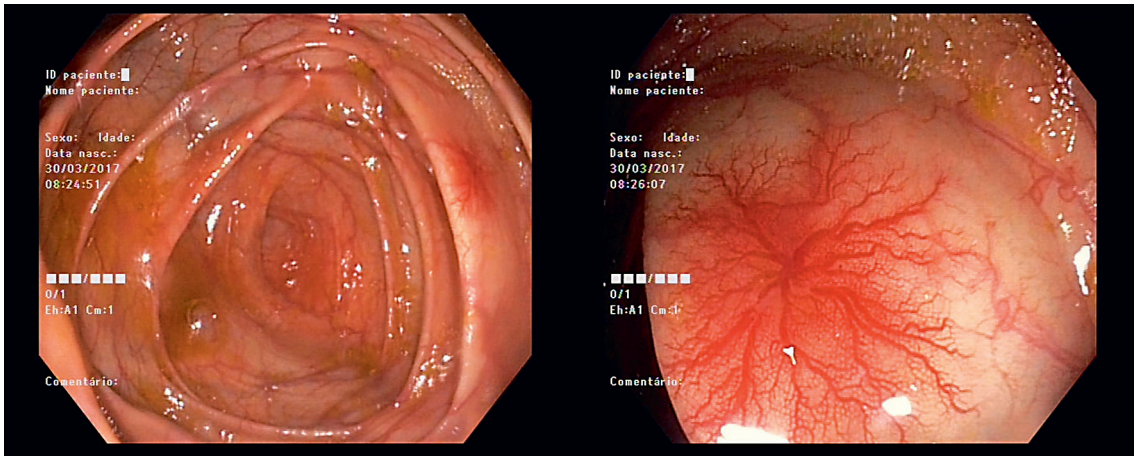

Fig. 1. Well-defined angiodysplasia in the cecum.

KARGER

E-Mail karger@karger.com
www.karger.com/pjg

Dr. José Pedro Rodrigues
Gastroenterology Department, Hospital de Egas Moniz
Centro Hospitalar Lisboa Ocidental
Rua da Junqueira 126, PT–1349-019 (Lisbon)
E-Mail jp.azevedo.rodrigues@gmail.com

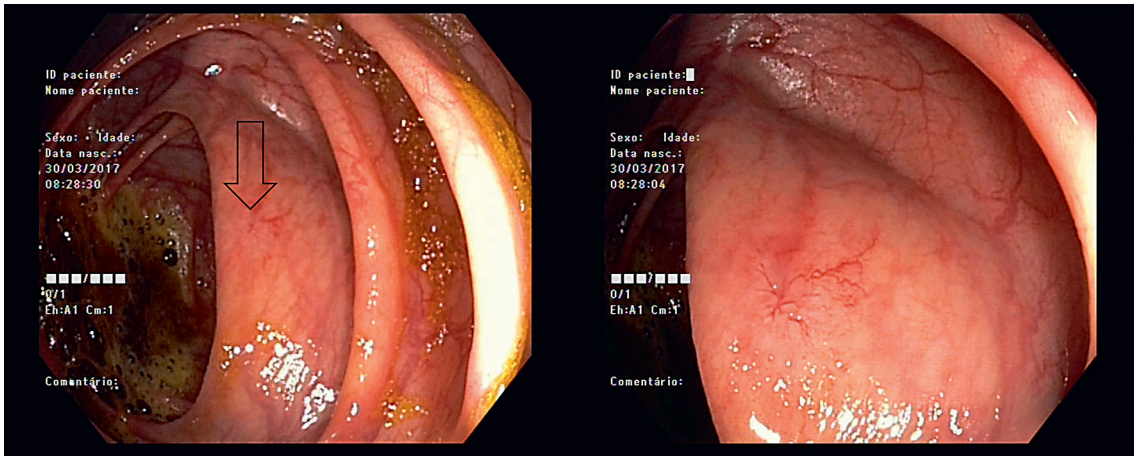

Fig. 2. Endoscopic appearance of the angiodysplasia after the water flush. The arrow is pointed to the same angiodysplasia displayed in the right image.

missing lesion rate reaching up to 25% and the majority were vascular lesions [4].

We present the case of a 55-year-old male patient, with no relevant previous medical history, who underwent a total colonoscopy for iron deficiency anemia evaluation, which in the cecum identified a 15-mm well-defined angiodysplasia (Fig. 1). To improve colon cleansing, water was flushed over the vascular lesion. The consequence was attenuation of the lesion, making it almost imperceptible at a distance (Fig. 2). Argon plasma coagulation was still used for ablation of the angiodysplasia, and the hemoglobin level has remained stable since then (Hb 13 g/dL, 3 months of follow-up after iron replacement).

The reported case demonstrates one possible reason for missing vascular lesions in the colon as the vasoconstriction caused by the water flush, turned the lesion almost indistinguishable from the surrounding colonic mucosa.

Statement of Ethics

This study did not require informed consent nor review/approval by the appropriate ethics committee.

Disclosure Statement

The authors report no potential conflict of interest.

Author Contribution

All authors have read and approved the manuscript being submitted. All authors listed contributed significantly to the work.

References

1 Szilagyi A, Ghali MP: Pharmacological therapy of vascular malformations of the gastrointestinal tract. Can J Gastroenterol 2006;20:171–178.
2 Gerson LB, Fidler JL, Cave DR, Leighton JA: ACG clinical guideline: diagnosis and management of small bowel bleeding. Am J Gastroenterol 2015;110:1265–1287.
3 Strate LL: Lower GI bleeding: epidemiology and diagnosis. Gastroenterol Clin North Am 2005;34:643–664.
4 Tee HP, Kaffes AJ: Non-small-bowel lesions encountered during double-balloon enteroscopy performed for obscure gastrointestinal bleeding. World J Gastroenterol 2010;16:1885–1889.