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SCIENTIFIC LETTER

Clinical features and outcome of acute ischemic proctocolitis

Características clínicas y pronóstico de la proctocolitis isquémica aguda

Ischemic injury to the rectum is rare owing to its rich vascular supply, occurring in <6% of the cases of ischemic colitis.[1,2] As in ischemic colitis, a spectrum of severity exists and ranges from superficial mucosal ischemia to full-thickness necrosis with perforation.[3] Early recognition of this clinical entity is of vital importance in order to avoid complications.[1] The authors report a series of 5 cases of acute ischemic colitis with rectum involvement and present review of the literature.

In this report, 5 patients were included, 4 man and 1 woman, with a median age of 70 year-old. The prevalence of cardiovascular risk factors was high (80%). All cases were admitted for lower gastrointestinal bleeding. None of the patients were taking nonsteroidal anti-inflammatory drugs in the days before presentation. In all patients who presented with bloody diarrhea, stool cultures (including *Escherichia coli* O157:H7), stool examination for ova (including *Entamoeba histolytica*) and parasites and *Clostridium difficile* toxin assay were obtained, and were negative. In 3 cases, a conservative approach was assumed due to their clinical stability and resolved without complications. The remaining 2 cases required a surgical approach and were admitted to an intensive care unit following surgery. One of these cases required multiple surgical procedures for complications. The median duration of hospitalization was 8 (IQR: 62) days, and all patients survived. The clinical features of each case are summarized in Table 1.

A report of each case is described below.

The first case concerns to a 70-year-old man, with a medical history of insulin dependent diabetes mellitus, left hemicolectomy for sigmoid adenocarcinoma (15 years before) and peripheral vascular disease requiring ileo-femoral bypass 4 months before. The patient was admitted for bloody diarrhea, nausea and vomiting. Proctosigmoidoscopy was performed and revealed a purplish black proximal rectal mucosa and edema (Fig. 1) consistent with ischemic proctitis that was confirmed by histological examination. The mucosa of the distal rectum was spared. A computed tomography (CT) scan was performed and showed signs of acute ischemia from the rectum to the transverse colon, with an abnormal opacification of the inferior mesenteric artery. Due to the clinical stable condition, a conservative approach was assumed and the patient started on broad-spectrum antibiotics. He was discharged 8 days after, asymptomatic.

The second case was an 87-year-old woman with arterial hypertension. She recurred to the emergency department for constipation and sudden crampy abdominal pain. She was treated on antibiotics for a urinary tract infection until 3 days before being admitted. The patient presented rectal bleeding in the emergency department. CT scan showed thickening of the sigmoid colon and rectal wall. She underwent a proctosigmoidoscopy which revealed erythema, edema and ulceration of the rectum, from 5 cm proximal to the dentate line. Mild ischemic changes extended up to the splenic flexure. Biopsies were performed and the histopathological exam confirmed the endoscopic suspicion of ischemic proctocolitis. She was treated with fluids and broad-spectrum antibiotics, but on the 5th day of admission, due to clinical deterioration, a near complete proctectomy and Hartman's procedure were performed and she was admitted in an intensive care unit. The patient developed pneumonia with subsequent sepsis that resolved with targeted antibiotic treatment. She was discharged 13 days after.

The third case concerns to a 65-year-old man, with diabetes mellitus, dyslipidemia and arterial hypertension. He recurred to the emergency department for crampy abdominal pain and watery diarrhea followed by hematoquezia. He was tachycardic (116 bpm), but normotensive. White blood count and the C-reactive protein were elevated (25,000 and 12.2 mg/L, respectively). Patient was resuscitated with fluids and a proctosigmoidoscopy was performed showing marked inflammation with purplish friable mucosa of the rectum and distal sigmoid colon. He was also treated with fluids and broad-spectrum antibiotics and survived.

The fourth case relates to a 78-year-old man, with a medical history of ischemic heart disease, diabetes mellitus and a previous major amputation surgery (above-knee amputation of the left lower limb), 6 years before. The patient was admitted with rectal bleeding. A proctosigmoidoscopy revealed extensive proctitis with dark blue friable mucosa from the dentate line to 35 cm from the anal verge (Fig. 2), consistent with ischemic proctitis that was confirmed in the histological exam. Due to hemodynamic instability and

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Table 1 Clinical features of the patients with acute ischemic proctocolitis.

Case	Case 1	Case 2	Case 3	Case 4	Case 5
Gender	Male	Female	Male	Male	Male
Age	70	87	65	78	65
Diabetes mellitus	Yes	No	Yes	Yes	No
Dyslipidemia	No	No	Yes	No	No
Arterial hypertension	No	Yes	Yes	No	No
Presenting symptom	Bloody diarrhea	Rectal bleeding	Hematochezia	Rectal bleeding	Rectal bleeding
Treatment	Fluids Antibiotics	Fluids Antibiotics Hartmann's resection	Fluids Antibiotics	Fluids Antibiotics Hartmann's resection	Fluids Antibiotics
ICU admission	No	Yes	No	Yes	No
Hospitalization days	8	13	5	123	13

ICU: intensive care unit.

deterioration, a left hemicolectomy with colostomy, and Hartmann's closure were performed and the patient was admitted in an intensive care unit. After several surgical interventions due to septic complications and a prolonged and slow recovery, he was discharged to a nursing home after four months of hospitalization.

The fifth case relates to a 65-year-old man, with a past medical history of benign prostatic hyperplasia and peptic ulcer disease. He also had a history of smoking and alcohol abuse. He recurred to the emergency department for rectal bleeding, abdominal pain and vomits. White blood count and

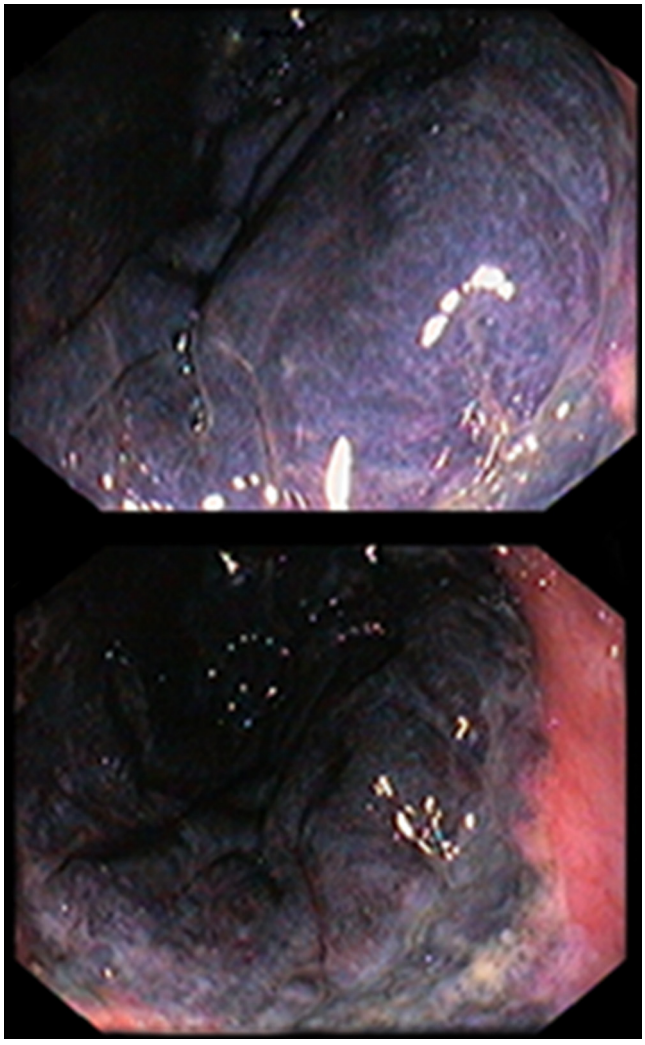

Figure 1 Case 1 proctosigmoidoscopy showing a purplish black rectal mucosa and edema.

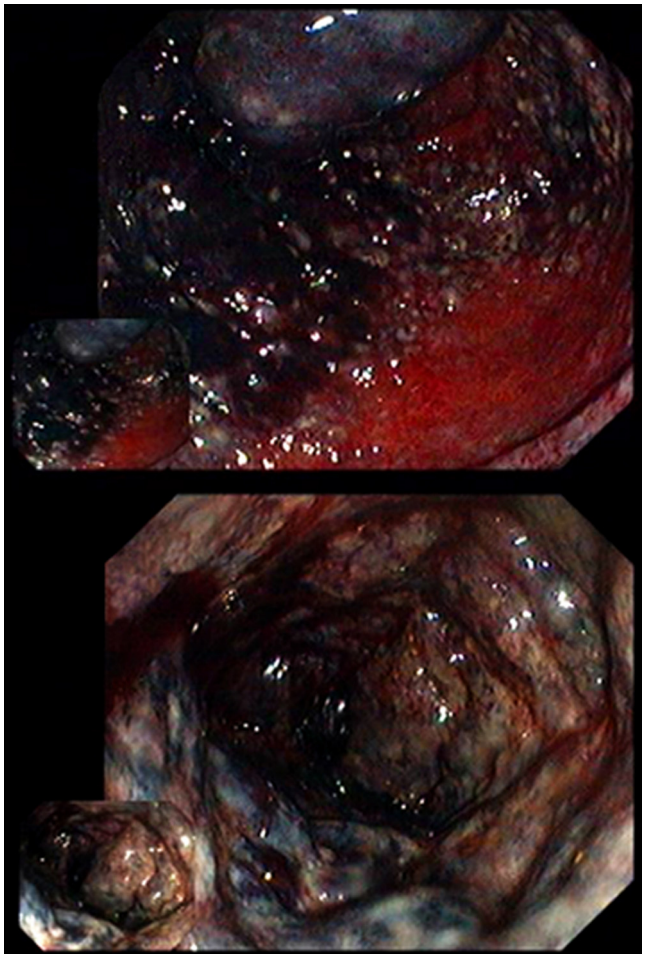

Figure 2 Case 4 proctosigmoidoscopy showing dark blue friable rectal mucosa.

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