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Ileal angiodysplasia presentation as a bowel obstruction: A case report

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ABSTRACT

INTRODUCTION: Angiodysplasia is a common vascular abnormality of the gastrointestinal tract, found in the elderly and most frequently revealed by gastrointestinal bleeding. We report an original case of ileal angiodysplasia in an 83-year-old woman presenting as a bowel obstruction.

CASE PRESENTATION: An 83-year-old woman with a medical history of chronic untreated anemia, presented with cardinal symptoms of bowel obstruction. Computed tomography revealed diffuse ileal wall thickening with multiple zones of stenosis, which were aggravated by an ileal perforation and associated with vascular abnormalities compatible with angiodysplasia. Surgery confirmed the imaging findings. A large resection importing one meter of ileum was performed. The pathology report of the resected specimen revealed ischemic lesions of ileum associated with ileal angiodysplasia. The postoperative period was marked by an acute dehydration in the patient who died 3 weeks after surgery.

DISCUSSION: Angiodysplastic lesions develop with aging due to chronic low-grade intermittent obstruction of submucosal veins. These lesions are the result of increased contractility at the level of muscularis propria, leading to congestion of the capillaries and failure of pre-capillary sphincters, resulting in the formation of small arteriovenous collaterals. The acquired arteriovenous malformation consisting of multiple shunts with rapid blood flow may result in inadequate oxygenation of a segment of the intestine and lead to ischemia and eventually wall thickening, stenosis and even perforation of the small bowel.

CONCLUSION: Angiodysplasia should be kept in the back of one's mind as one of the causes of acute abdomen and bowel obstruction, especially in elderly people suffering from occult gastrointestinal bleeding.

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1. Introduction

Angiodysplasia is the most common vascular abnormality of the gastrointestinal tract. The lesions can involve any segment of the intestinal tract, but they are found most frequently in the cecum and ascending colon [1,2]. Angiodysplasia is usually asymptomatic and is often diagnosed in over 60-years patients. However, the lesions may sometimes result in severe bleeding [2,3]. We report here an original case of ileal angiodysplasia revealed by an acute abdomen due to a bowel obstruction in an 83-year-old woman admitted to our academic referral hospital.

2. Case presentation

An 83-year-old woman came walking to our Emergency Department for treatment of acute abdomen due to intestinal obstruction. She presented with a twelve-hour history of abdominal pain and

distension with vomiting. Her bowel habit was altered but there is no history of rectal bleeding or melena. She denied any loss of weight or appetite. Her medical history consisted of a chronic and untreated anemia, and she had no past surgical history. Her vital signs upon admission were stable; her abdomen was tender and distended. Bowel sound was sluggish and rectal examination revealed an empty rectum with no palpable mass. Her hernia orifices were free. Her blood investigation results were normal apart from an anemia with a hemoglobin rate of 9.5 g/dl and a C-reactive protein elevation at 25 mg/dl. A supine abdominal x-ray showed dilated loops of small bowel. A clinical diagnosis of small bowel obstruction was then made. A computed tomography imaging was performed, revealing diffuse, circumferential and homogeneous mural thickening of ileum with a “double halo sign” and alternating stenosis and mild dilated zones. Several infarcted small bowel loops with pneumatosis and extraluminal gas bubbles indicating perforation were also found (Fig. 1A). A vascular engorgement was seen in the regional mesentery with a mild amount of free peritoneal fluid. Further findings at computed tomography examination included vascular abnormalities consisting of a dilated and tortuous ileocolic vein with an accumulation of ectatic vessels within the submu-

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Fig. 1. Enhanced abdominal computed tomography in axial and coronal plans showing: (A) circumferential wall thickness of ileum with a target appearance due to submucosal edema and an ileal perforation (white arrow) upstream of a wall stenosis (black arrow); (B, C) dilated ileocolic vein (white arrow) with accumulation of ectatic veins within the submucosa of right and left ileal loops (black arrows).

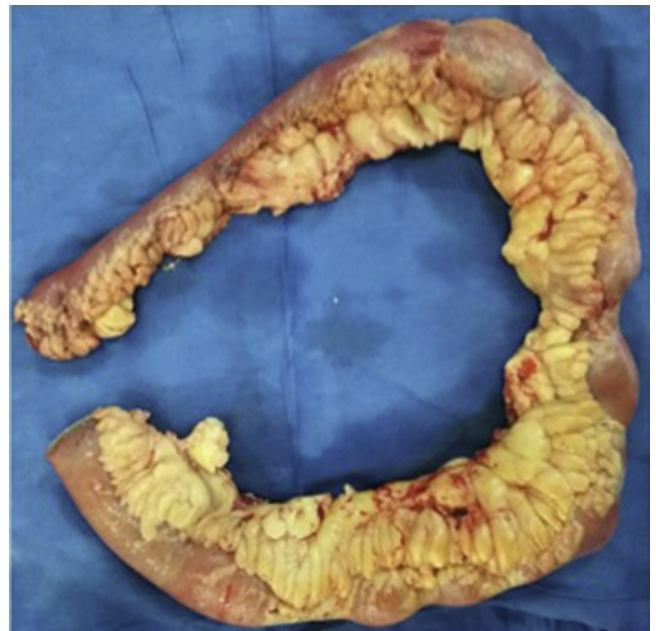


Fig. 2. Ileal resected specimen showing alternating zones of stenosis and mild dilatation. The vascular abnormalities cannot be seen because of their submucosal localization.

cosa of the distal ileum (Fig. 1B and C). The diagnosis of ileal angiodysplasia associated with ileal ischemic lesions was then made. An exploratory laparotomy was subsequently performed on the patient. The results showed a diffuse ileal wall thickness with segmental and multifocal ileal wall stenosis zones alternating with dilated zones (Fig. 2). An ileal perforation was found 50 centimeters far from the ileocecal junction. No evidence of a malignant mass was found. A large ileal resection importing one meter of ileum and a double ileostomy were then performed. The resected ileum was examined histologically. Ischemic changes of ileum were found (Fig. 3A). They consisted of multiple mucosal ulcerations covered by pseudo-membranes with segmental wall thickness and stenosis. The serosa was hyperemic, marked by petechial hemorrhage, edema with congestive capillaries and inflammatory cell infiltration. The inflammatory cell population was mainly composed of lymphocytes, plasma cells and neutrophil leucocytes. The mucosa between ulcers revealed chronic regenerative changes with cuboidal epithelial cells and inhomogeneous distorted crypts. No malignant cells were found. Further findings on histologic examination included vascular lesions characterized by the presence of dilated and tortuous vascular veins and veinules in the submucosa of the ileum (Fig. 3B). These findings were compatible with ileal angiodysplasia associated with ischemic lesions of ileum. After surgery, the patient was taken to the intensive care unit and she was closely monitored. She was put on broad spectrum antibiotics and intravenous fluid replacement. The patient remained stable during ten days after surgery. Then, her postoperative course was marked by an acute dehydration. The physical examination showed low blood pressure, rapid pulse rate and low urine output. Laboratory tests showed increasing serum urea, sodium and potassium which reached 6.5 mmol/L. Unfortunately, the patient died 3 weeks after surgery.

3. Discussion

Angiodysplasia is the most common vascular abnormality of the gastrointestinal tract, found mainly in patients older than sixty years without gender predilection [1,2]. The lesions are frequently multiple and can involve any segment of the GI tract; but they are

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