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## Case Report

# Low digestive hemorrhage caused by a vascular malformation in a patient with Crohn's disease: case report and literature review

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### ABSTRACT

The authors report the case of a 19-year-old male patient with Crohn's disease treated with infliximab and azathioprine, with sustained clinical remission; in the course of the evolution, this patient showed a vascular malformation in his rectum, with daily massive bleeding, in need of several blood transfusions and finally with an indication for surgical treatment. Data from the literature on the association of the injury at issue and CD, as well as the drugs used by the patient, are evaluated. The literature lacks information linking this malformation with CD or with the drugs used.

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### Hemorragia digestiva baixa por malformação vascular em paciente com doença de Crohn: relato de caso e revisão da literatura

### RESUMO

Os autores relatam o caso de um paciente masculino de 19 anos que apresenta doença de Crohn em tratamento com Infliximabe e Azatioprina com remissão clínica sustentada, o qual apresenta ao longo da evolução uma mal-formação vascular no reto, com sangramento diário volumoso, necessitando de diversas transfusões sanguíneas e finalmente a indicação de tratamento cirúrgico. São avaliados os dados da literatura quanto à associação da lesão apresentada e a DC bem como com os medicamentos em uso pelo paciente. Não há na literatura pesquisada nenhuma informação que associe a mal-formação com a DC nem tampouco os medicamentos utilizados.

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## Introduction

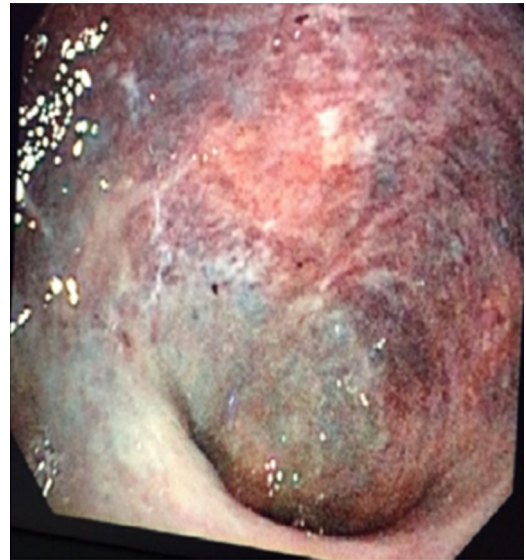
Crohn's disease (CD) has become increasingly common in our environment, and in a very special way this condition affects young individuals. Depending on the manner in which DC manifests itself, the disease can cause a departure of the patient from his/her daily activities, which represents great losses, both personally and socially.

Among the various complications that the disease may cause, bowel bleeding is not the most frequent and, when it occurs, this complication tends to be benign, provided that an adjustment of the treatment of the inflammatory process is carried out.

In this case report, we describe an unusual situation, that of a young man with DC in remission who came to us with daily rectal bleeding, an event at first understood as a possible recurrence of the disease. But the investigation found that the cause of the bleeding was a condition of vascular origin in the rectum. The aim of this study was to determine whether there was some relationship of this vascular lesion with DC or with the drugs in use, or whether it was just a coincidence.

## Case report

A male patient, 19 years old, with a colonoscopy diagnosis of CD established seven years ago, showing chronic, nonspecific ileitis and colitis; at that time, a scheme with prednisone + infliximab (growth deficit) was instituted. The patient showed clinical improvement; thus, prednisone was discontinued and, after six months, a new colonoscopy showed that the disease was in remission. The patient continued the use of infliximab. Four years ago, the patient had a relapse, when azathioprine was prescribed, and an adjustment of infliximab dose was carried out, again with a good response and complete remission. About a year ago, the patient came to us with a new low bleeding picture; the colonoscopy revealed a rectum with an extensive purple/blue subepithelial area

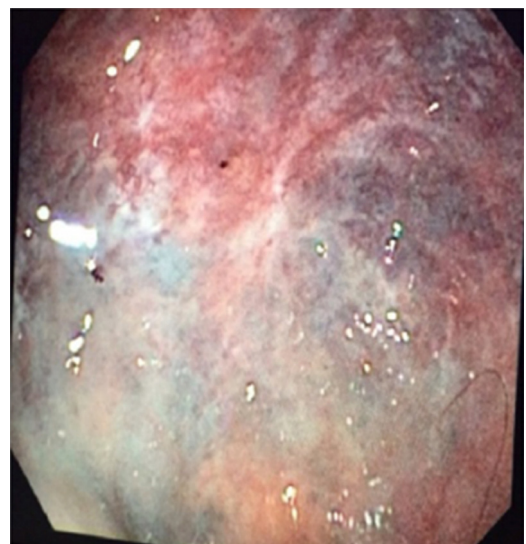


**Fig. 2 – Intermediate portion of the rectum with vascular lesion.**

suggestive of ischemia or hemorrhage (Figs. 1-3) with no evidence of an active inflammatory disease. Then, the patient was submitted to a proctology examination under sedation, and dilated hemorrhoidal vessels were found in the entire anal circumference, with a distal rectum without change. A CT scan revealed an abdomen with mild thickening and hypotonia of iliac loops + thickening and hypotonia of the distal sigmoid colon and rectum. A bowel arteriogram demonstrated an arteriovenous malformation in the upper and lower mesenteric arteries (Figs. 4-6) without signs of ischemia. Taking into account that the bleeding persisted for several months, requiring eight blood transfusions, it was decided to perform a surgery. The patient underwent a proctectomy with coloanal anastomosis and a protective ileostomy, with good evolution. The histopathologic examination confirmed that the case was



**Fig. 1 – Distal portion of the rectum without vascular lesion.**



**Fig. 3 – Intermediate portion of the rectum with vascular lesion.**

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