

Angiodysplasia of Small Intestine

Dhairya Shah¹, Dr Jatin Bhatt², Dr Jayendra Vagadia³, Dr Kk Rawal⁴, Dr Binoy Behera⁵

¹2nd Year Resident, ²HOD, ³Associate Professor, ⁴Consultant, ⁵3rd Year Resident
PDU Hospital Rajkot

Abstract

Angiodysplasia is an abnormal dilated, tortuous ectatic blood vessel located in mucosa and submucosa of gastrointestinal tract. Most commonly angiodysplasia occurs in colon while it is rare in small intestine. However one should always keep it as a differential diagnosis in intermittent gastrointestinal tract bleedings.

INTRODUCTION

Angiodysplasia is considered as a degenerative disease that affects normal blood vessels and occurs most commonly in ascending colon and caecum but 12-15% are found in jejunum and ileum while rest are disseminated in gastrointestinal tract. It is considered as second most common vascular abnormality of alimentary tract. It usually presents as untraceable lower gastrointestinal bleed however its exact incidence or prevalence is still unknown. It has certain predisposing conditions such as liver disease, renal disease, von Willebrand disease and aortic stenosis.

CASE

Presenting you a case 74 old male presented to medicine OPD with complaints of general weakness and pallor. On laboratory investigations hemoglobin was found to be 6.2 and in occult stool blood was seen. Case was referred to surgical department where detailed history and examination was done and found out that patient is having on and off melena for 4 years with constipation, patient also has anorexia with vague abdominal pain. No complaints of vomiting, jaundice or hematemesis found. He was a known hypertensive taking regular medications. Ct

DISCUSSION

Angiodysplasia shows a wide range of clinical manifestations of which gastrointestinal bleeding leading to iron deficiency anemia is common. Bleeding can be occult to severe even life threatening. Angiodysplasia should be present in your differential diagnosis in nonvariceal unidentified adult gastrointestinal bleeding. Exact pathogenesis is still unclear, however many theories have been postulated. First is elevated levels of the vascular endothelial growth factor (VEGF), resulting in mucosal hypoxia. Another theory postulates that the chronic obstructive consequence at the level of submucosa makes a pressure on the vessels of the submucosa, resulting in its dilatation.

Diagnosis can be done by upper and lower gastrointestinal scopy or capsule endocopy. Multimodal CT or CT Arteriography can also be used to aid confirmation in the diagnosis. They are characteristically nonpalpable lesions of less than 5 mm in diameter showing tortuous dilation of multiple small submucosal and mucosal blood vessels easier to see in angiography. The differential diagnosis of angiodysplasia includes telangiectasias, arteriovascular malformations and haemangiomas. Mucosal lymphangiectasia superficially resembles angiodysplasia but the vessels do not contain blood and there is no associated submucosal venous ectasia

Angiodysplasia can be unifocal or multifocal so it is utmost necessary to inspect whole length of bowel and then plan your treatment. Management also includes medical therapy, endoscopic procedures to large resection in life threatening bleeding. Medical therapy includes somatostatin which reduces the chances of rebleeding in adults. Argon Plasma Coagulation (APC) via endoscopy is commonly used due to its safety, availability, ease of use and cost-effectiveness. Angiographic embolization or local infusion of

vasopressors is also effective option but it has risk of bowel infarction. Although efficient therapies are available still the prevalence of rebleeding in this cases are high.

CONCLUSION

Angiodysplasia is a rare cause of chronic occult gastrointestinal bleeding. CT Arteriography and endoscopies are necessary for its diagnosis. Multidisciplinary team approach is necessary to locate the lesion and expertise from radiology, endoscopic and gastrointestinal surgery should come together in such cases.