

Telangiectasia of the Colon– A Case Report

Adithya S L¹, Abhishek S Krishna², Prof. Dr. Shaiju S Dharan³, Dr. Drishya L^{*}

1. Pharm D Intern (Ezhuthachan College of Pharmaceutical Sciences, Marayamuttom, Thiruvananthapuram, Kerala, India)

2. Pharm D Intern (Ezhuthachan College of Pharmaceutical Sciences, Marayamuttom, Thiruvananthapuram, Kerala, India)

3. Principal/HOD (Department of Pharmacy Practice, Ezhuthachan College of Pharmaceutical Sciences, Marayamuttom, Thiruvananthapuram, Kerala, India)

Corresponding author: Dr. Drishya L, Assistant Professor (Department of Pharmacy Practice, Ezhuthachan College of Pharmaceutical Sciences, Marayamuttom, Thiruvananthapuram, Kerala, India)

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ABSTRACT:

Colonic telangiectasia, also known as colonic angiodysplasia (AD), refers to arteriovenous malformations (AVMs) that occur in the colon, which are the common vascular lesions in the gastrointestinal (GI) tract. The blood vessels become enlarged and fragile in the colon, causing lower GI haemorrhage in the elderly. Vast variety of patients does not exhibit any clinical symptoms. We report a patient, who was admitted with chief complaints of abdominal discomfort and irritability for 2 weeks and decreased sleep for 3 days. Colonic AD is uncommon among healthy asymptomatic people at a prevalence rate of 0.83%. The world wide prevalence ranges from 1/5000 to 1/8000-however the prevalence was higher in some regions such as Jura region in France, the island of Funen in Denmark, and Netherlands Antilles of the Caribbean.

KEYWORDS: Colonic telangiectasia, AD, AVMs, Colonoscopy, EVL, CEA, CT, Snare polypectomy.

I. INTRODUCTION:

Colonic telangiectasia, also known as colonic angiodysplasia refers to the arteriovenous malformations that occur in the colon¹. The actual cause for this is unknown, but it is mainly caused due to ageing and degeneration of blood vessels. Telangiectasia is the process of formation of lesions due to the dilation of terminal parts of blood vessels, while angiodysplasia is the process by which how the lesions are formed. Most of the reported cases show that it affects the caecum and right side of the colon². Common clinical manifestations of colonic telangiectasia include abdominal pain, cramps, anaemia, haemorrhage, shortness of breath, tiredness, weakness, pale skin. This article reports a rare case on colonic telangiectasia, which was distributed throughout

the colon. Angiodysplasia of the colon was first reported by Holman and Marguillis, et.al as a hemangioma³. The condition is thought to cause degenerative changes of the colon⁴. It has been reported that the incidence of colonic telangiectasia is about 0.8% in healthy people who received colonoscopy screening in US. If the patient is not developing any complications or new bleeding episodes, then it is very important to continue investigating the disease severity periodically⁵. The lesions of the dysplasia were caused by the smooth muscle hypertrophy, intimal thickening and sclerosis⁶.

II. CASE REPORT:

A 51 years old male patient was admitted to a local hospital with chief complaints of abdominal discomfort and irritability of 2 weeks duration and also reduced sleep for 3 days. The patient was presented with a known case of ethanol induced liver cirrhosis with portal hypertension and also has a previous history of oesophageal variceal bleed and EVL (Endoscopic Variceal Ligation). He had stopped alcohol consumption 6 months back.

Admission examination showed : blood pressure of 120/60 mmHg, heart rate of 102 beats/min, no abnormalities in the auscultation of the lungs, no murmur in the heart, pallor positive, no abdominal tenderness, no icterus or cyanosis. The RBC was 2.19 million/cumm; Hb was 6.3 g/dL. RBS, ESR and urinary pus cells were found to be elevated than normal limits. Stool OB of the patient was positive, also the CEA test shows elevated levels of antibodies. The liver function test and renal function test was within the limits.

CT scan of the abdomen and pelvis revealed mild ascites, splenomegaly, sequelae to cholecystectomy, portal hypertension and upper GI endoscopy shows the Grade II oesophageal varices.

A detailed colonoscopy (fig:1) examination was performed and thus concluded colonic

telangiectasia, colonic polyps. For this, snare polypectomy done and hemoclips were applied.

Figure 1: In colonoscopy, Ascending colon was normal; Transverse colon shows multiple diminutive polyps on hepatic flexure, Descending colon shows multiple diminutive spots and telangiectasia spots.



Patient was started with proton pump inhibitors, vitamin supplements, anti diabetics, anti hypertensive, antibiotics, steroids, liver protectants, enzyme combinations. Patient experienced constipation on the second day and it was corrected by laxatives. And finally the patient was symptomatically improved and was discharged.

III. DISCUSSION:

The aetiology of colonic telangiectasia is still unclear. Most of the patients are asymptomatic and shows abnormalities in their colonoscopy reports¹. This patient was admitted with complaints of abdominal discomfort and irritability for 2 weeks & reduced sleep for past 3 days. The points which favour the conclusion of colonic telangiectasia is abdominal discomfort and irritability elevated ESR, CEA, positive stool OB result, colonoscopy findings. The patient had bleeding in the intestine and it was confirmed by declined haemoglobin level in blood. Symptomatic relief was noticed in the patient during therapy. He was hospitalized for 10 days and discharged after recovery. If patient has any small amount of bleeding, feasible endoscopic treatments (coagulation, laser, sclerotherapy, etc.) can be used. Surgical treatment is often helpful in patients with

large bleeding volume and accurate lesion correction. Capillary dilatation is common in the colon parts and mainly the condition was diagnosed with the help of colonoscopic findings. Polypectomy was performed on colonoscopy which removes the polyps from the colon. Colonoscopy is performed in condition where there is no haemorrhage or bleeding. It is very easy to find the lesion under water- injection, generally the blood flows from lesions into the filled lumen, and this can facilitate further endoscopic treatments⁷.

The pathophysiology of colonic angiodysplasia may be the result of a chronic, partial, intermittent, low grade obstruction of the sub mucosa of the colon, where they also penetrates the muscular layer of the colon by producing mechanical compression into it. The primary management for AD was Endoscopic therapies which include Electro coagulation in the early 80s, but it was no longer used due to its bleeding complications¹¹. Surgery is the definite therapy for those patients with lesions or lesions. Here this patient was presented with multi diminutive polyps on the ascending colon and telangiectasia spots on the descending colon. Estrogens Progesterone therapy has been used to achieve certain efficacy in treating AD, this will

enhances the integrity of vascular endothelial cells and improves microcirculation and coagulation. Iron supplementation, IV fluids and blood transfusions helpful in replacing the heavy blood loss. Addition of proton pump inhibitors are also useful in patients to relieve from digestion related and acidity related problems¹².

In the case report entitled “Diffuse telangiectasia of the colon” by Jun-An Li, Li-Li Zhong, et al. presents a 55 years old female with complaints of loose stools for 2 months which aggravated 1 day back. After one day, stool gradually turned dark red. On microscopic examination, all segments of the whole bowel show multiple flaky spider-like telangiectasia changes. Estrogens – progesterone therapy has been used to achieve certain efficacy in treating telangiectasia of the colon. Next case report discussed with a title of “Hereditary hemorrhagic telangiectasia (HHT) diagnosed by enteroscopy: a case report” by Margarita Rey et al. explains a 58 year old man with no significant medical history who presented with 15 days history of intermittent hematochezia. He underwent a series of laboratory tests, including colonoscopy, which showed normal results. Therefore the patient was discharged with a diagnosis of gastrointestinal bleeding. He was then diagnosed with HHT by video capsule endoscopy on his second admission on ED. The patient attained a normal blood haemoglobin level by transfusing 1 Unit PRBC.

Here in this case, the patient was supplied with antibiotics (MONOCEF 2gm 1-0-0), (RIFAXIMIN 400mg), IV fluids, steroids (WYSOLONE 40mg 1-0-1), liver Protectants (UDILIV 300mg 1-0-1), Nutritional supplements (CELVIDA LIV POWDER 2 Scoop HS), and (HEPAMERZ SACHET 5 mg 1-0-0). Since the patient had a past medical history of Type II Diabetes Mellitus and Systemic Hypertension, he was started with Anti-diabetics and antihypertensive. In our case, the patient was effectively treated according to the standard treatment guidelines and was clinically stable.

IV. CONCLUSION:

Colonic telangiectasia or colonic angiodysplasia refers to arteriovenous malformations that occur in the colon, which are the common vascular lesions in the gastrointestinal (GI) tract. The blood vessels become fragile and enlarged, in the colon causing lower GI haemorrhage in the elderly. Here the patient is presented with symptoms of abdominal discomfort

and irritability for 2 week & reduced sleep for the past 3 days. The blood routine examination and colonoscopy findings confirm colonic telangiectasia. Patient started with proton pump inhibitors, steroids, anti diabetics, anti hypertensive, liver protectants and vitamin supplements. Patient had undergone snare polypectomy. In conclusion, treatment of colonic telangiectasia should be personalized, depending upon its severity.

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