- 25 **Lopez-Sanroman A**, Bermejo F, Carrera E, *et al*. Efficacy and safety of thiopurinic immunomodulators (azathioprine and mercaptopurine) in steroid-dependent ulcerative colitis. *Aliment Pharmacol Ther* 2004;**20**:161–6.
- 26 **Fraser AG**, Orchard TR, Jewell DP. The efficacy of azathioprine for the treatment of inflammatory bowel disease: a 30 year review. *Gut* 2002;**50**:485–9.
- 27 **Lichtiger S**, Present DH, Kornbluth A, *et al*. Cyclosporine in severe ulcerative colitis refractory to steroid therapy. *N Engl J Med* 1994;**330**:1841–5.
- 28 **Hyde GM**, Thillainayagam AV, Jewell DP. Intravenous cyclosporin as rescue therapy in severe ulcerative colitis: time for a reappraisal? *Eur J Gastroenterol Hepatol* 1998;**10**:411–13.
- 29 **Cohen RD**, Stein R, Hanauer SB. Intravenous cyclosporin in ulcerative colitis: a five-year experience. *Am J Gastroenterol* 1999;**94**:1587–92.
- 30 **Stack WA**, Long RG, Hawkey CJ. Short- and long-term outcome of patients treated with cyclosporine for severe acute ulcerative colitis. *Aliment Pharmacol Ther* 1998;**12**:973–8.
- 31 **Arts J**, D'Haens G, Zeegers M, *et al*. Long-term outcome of treatment with intravenous cyclosporin in patients with severe ulcerative colitis. *Inflamm Bowel Dis* 2004;**10**:73–8.
- 32 **Fernandez-Banares F**, Bertran X, Esteve-Comas M, *et al*. Azathioprine is useful in maintaining long-term remission induced by intravenous cyclosporine in steroid-refractory severe ulcerative colitis. *Am J Gastroenterol* 1996;**91**:2498–9.
- 33 **Van Assche G**, D'Haens G, Noman M, *et al*. Randomized, double-blind comparison of 4 mg/kg versus 2 mg/kg intravenous cyclosporine in severe ulcerative colitis. *Gastroenterology* 2003;**125**:1025–31.

EDITOR'S QUIZ: GI SNAPSHOT

An unusual cause of lower gastrointestinal bleeding

Robin Spiller, Editor

Clinical presentation

A 94 year old woman with no history of gastrointestinal bleeding was admitted to her local hospital for acute lower gastrointestinal bleeding. There was a history of hypertension and hypothyroidism. Examination was unremarkable except for red stools noted on digital examination of the rectum. Emergency sigmoidoscopy revealed an adherent clot 15 cm from the anal verge and diverticulosis. She was transferred to our hospital because she had received many transfusions (9 units) but no diagnosis. On admission the patient was haemodynamically stable and stools contained no blood. Haemoglobin was 9.4 g/dl; white blood cell count was within the normal range. At colonoscopy, diverticulosis and a deep beating ulcer surrounding an elevated pulsatile area 15 cm from the anal verge was noted (fig 1). Complete examination of the colon was not possible, probably because of diverticulosis.

Question

An abdominal computed tomography scan was performed (fig 2). What does it show and what is the diagnosis?

See page 449 for answer

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Figure 1 Endoscopic view showing a deep beating ulcer surrounding a subelevated pulsate zone in the sigmoid colon.

Figure 2 Computed tomography scan of the abdomen.