EDITOR'S QUIZ: GI SNAPSHOT

An infrequent cause of gastrointestinal bleeding

Robin Spiller, *Editor***Clinical presentation**

A 30 year old male with confirmed Crohn's disease (CD) receiving prophylactic mesalamine was referred to our unit because of a six month history of recurrent episodes of conspicuous haematochezia. He complained of nausea, occasional vomiting, and colicky abdominal pain after eating. His medical history included multiple strictureplasties two years earlier for small bowel stenosis.

On admission, the patient was pale, and physical examination revealed moderate tenderness of the abdomen but was otherwise unremarkable. Routine biochemistry revealed microcytic anaemia (haemoglobin 9.2 g/dl, MCV 72 fl) while liver and renal function tests, as well as coagulation parameters, were all within normal limits. As a first step, abdominal and bowel ultrasound (US) without oral contrast agent was performed. Relevant US findings were appearance of roundish anechoic lesions within and around the bowel wall of the colon, with vascular signals at colour Doppler within lesions (fig1A–D).

Question

How would you explain the clinical and ultrasonographic pictures and what further diagnostic procedures should be performed?

See page 1359 for answer

This case is submitted by:

S Greco

G Maconi

C Penati

A Norsa

Department of Gastroenterology, L Sacco University Hospital, Milan, Italy

Department of Radiology, L Sacco University Hospital, Milan, Italy

G Bianchi Porro

Department of Gastroenterology, L Sacco University Hospital, Milan, Italy

Correspondence to: Dr S Greco, Department of Gastroenterology, "L Sacco" University Hospital, Via GB Grassi, 74, 20157 Milano, Italy; salvatore.greco@unimi.it

doi: 10.1136/gut.2005.086157

Figure 1 (A, B) Ultrasound appearance of roundish anechoic lesions (arrows) within (A) and around (B) the bowel wall (bw) of the colon at hepatic flexure obtained with a high frequency (7.5 MHz) linear probe. (C, D) Colour Doppler revealed intense vascular signals within lesions.