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EDITOR'S QUIZ: GI SNAPSHOT

Robin Spiller, Editor

Catastrophic lower gastrointestinal complications following spinal surgery

Clinical presentation

A 42 year old man was admitted for surgical excision of a malignant vascular spinal (cervical) tumour. There was no smoking, alcohol, past medical, or family history. Regular medications on admission were: paracetamol, diclofenac, opioids, dexamethasone, and omeprazole. Postoperatively he had abdominal pain, torrential fresh and altered bleeding per rectum, with haemodynamic instability.

Urgent investigations revealed the following: haemoglobin 6.9 g/dl, white cell count $20.3 \times 10^9/L$, erythrocyte sedimentation rate 19, albumin 18 g/L, and negative vasculitis screen. Gastroscopy revealed a chronic duodenal ulcer with no stigmata of bleeding while flexible sigmoidoscopy showed altered blood with obscured views. Mesenteric angiogram showed normal superior mesenteric and coeliac arteries but the inferior mesenteric artery could not be cannulated. The day following his angiogram the patient developed features of peritonitis on abdominal examination. After an urgent abdominal computed tomography (CT) scan (fig 1), an extended Hartmann's procedure (specimen shown in fig 2) was performed at laparotomy that day. Following surgery the patient did not complain of any further gastrointestinal symptoms.

Question

What does the CT of the abdomen (fig 1) and the colonic specimen (fig 2) show to be the cause of this patient's symptoms?

See page 1289 for answer

This case is submitted by:

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Figure 1 Computed tomography scan of the abdomen performed just prior to laparotomy.

Figure 2 Part of the resected specimen showing the sigmoid colon.

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