Case	(337) Utility of angioct multidetector in the management of the patient with serious low digestive haemorrhage
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CASE PRESENTATION

We present the case of a 75 year old woman went to the emergency room presenting a clinical of gastrointestinal bleeding,she was admitted for a study in Internal Medicine.

She presented anemia with a progressive and rapid decrease in hemoglobin levels that required the transfusion of blood products.Studies are performed through upper digestive endoscopy where juxtapiloric ulcer is evident, acute gastric anterior erosion without signs of acute haemorrhage or stigmas of recent haemostasis.

On the third day of admission, she presented with exsanguinating gastrointestinal bleeding with a hemorrhagic shock situation.

After hemodynamic support measures , emergency digestive lower endoscopy is performed where there are abundant blood and clots, diverticula in the sigmoid colon, without evidencing hemorrhagic focus, they contact Surgery and radiologist and was indicated angioCT Multidetector of abdomen.

DISCUSSION

angioCT Multidetector of abdomen was performed with MDCT-16 equipment, in phases without contrast, arterial and venous portal phase, with flow of 4-5 ml /s . Identifying the image of an exophytic lesion emerging from the wall of the jejunal loop at its antimesenteric border, 2.6 cm, hypodense in phase without contrast, and subsequently both in the arterial phase and in the portal phase, shows signs of active bleeding towards the intestinal light; no intra-abdominal free liquid or intraperitoneal bleeding was observed; presence of known colonic diverticula, without complication data.

Given the clinical and radiological findings, emergency surgery was performed by exploratory laparotomy and resection and primary anastomosis of the jejunal segment encompassing the lesion described in the angioTAC study.

The postoperative period was favorable, allowing hospital discharge on the fifth postoperative day after Hb normalization, reintroduction of oral diet and intestinal transit without signs of rebleeding.

The anatomopathological result was described as jejunal segment with hemorrhagic diverticulum and absence of neoplasia.

CONCLUSION

Jejunoileal diverticula are usually a very rare cause of severe lower gastrointestinal bleeding that compromises the patient's life. In cases with intestinal bleeding with signs of hemodynamic instability, being the AngioCT

Multidetector should be considered as a first-line diagnostic tool, due to its high sensitivity, specificity, rapidity in the acquisition of the images and the no need to prepare the patient for the study(3).

It is also excellent for detection, localization and therapeutic approach, being of great help in the surgical approach and in the diagnostic orientation where the endoscopic study is not conclusive (1).

Figure 1: Exophytic lesion emerging from the jejunal loop wall with signs of active bleeding towards the intestinal lumen; no intra-abdominal free liquid or intraperitoneal bleeding was observed.

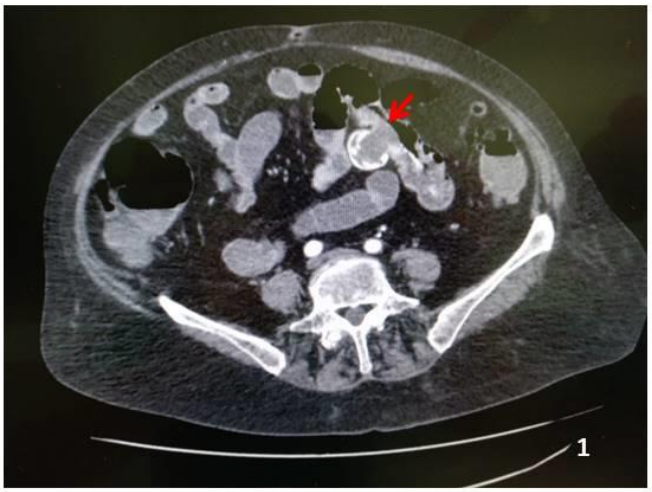
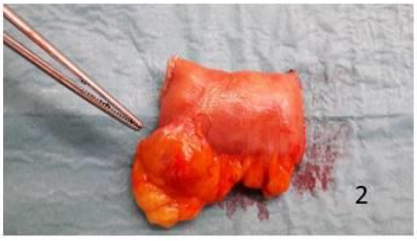


Figure 2 and 3: segment of jejunum with hemorrhagic diverticulum and absence of neoplasia.



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