

ACUTE ABDOMEN HEMORRHAGIC DUE TO VARICOUS VESSEL IN A PATIENT WITH SCHISTOSOMIC PORTAL HYPERTENSION: CASE REPORT

Juliete Borel de Oliveira Silva Aguiar

Doglas Gobbi Marchesi

Clayton Oliveira Vicente

Marina Cremasco Nicoli Amaral Carlo

Matheus de Backer Vitória

Daniely de Souza Rosa

Gabriel Santana Malcate

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INTRODUCTION

Lower gastrointestinal tract hemorrhage is defined as bleeding that occurs downstream of the ligament of Treitz. The etiologies are diverse, the main ones being: diverticulitis, anorectal pathologies and neoplasms. However, acute hemorrhagic abdomen and shock, caused by schistosomal portal hypertension, are rare.

CASE DESCRIPTION

Male patient, 49 years old, with Schistosomiasis Portal Hypertension, admitted on 06/24/22 for investigation of hematochezia by the Gastroenterology team. On 06/25, he developed massive enterorrhagia and hemorrhagic shock refractory to clinical measures, presenting Hb 5.4 after 6 CH. An evaluation of the general surgery was requested by the assistant team and an urgent EDA was performed, after stabilizing the patient, which did not clarify the cause of the bleeding. Without the possibility of visceral arteriography, and with recurrence of hemodynamic instability, urgent exploratory laparotomy was indicated on 06/26, which revealed a varicose vessel in the mesentery, attached to the abdominal wall, 290 cm from the Angle of Treitz, with clots downstream. A 15 cm enterectomy was performed with stapled entero-enteroanastomosis with reinforcement of the staple line with 3-0 prolene and deserosation of the transverse colon. Despite the patient's instability, there were no complications or significant intraoperative blood loss. He received 2CH and 2U PFC intraoperatively, in addition to 1500ml of crystalloid. He presented good postoperative evolution, remained under intensive care until 06/30, and was discharged from hospital by general surgery and gastroenterology on 07/03/22.

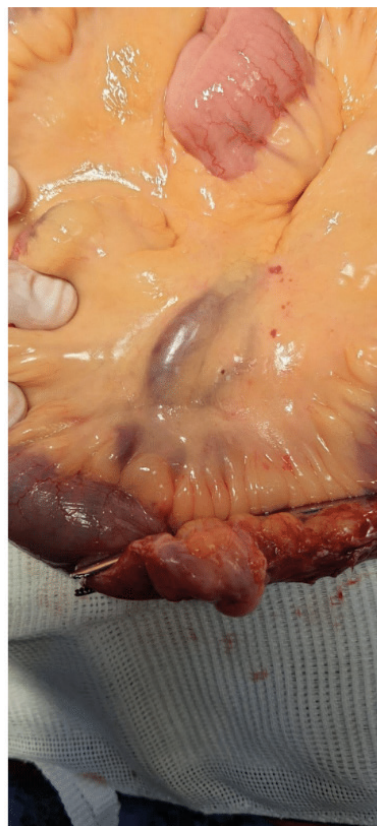


FIGURE 1. Surgical part.: Varicose vessel in mesentery.

DISCUSSION

The case presented highlights an important surgical repercussion of a clinical disease. The instability and good evolution of the condition demonstrates the importance of assertive joint management to improve patient outcomes. Schistosomiasis portal hypertension is a rare cause of hemorrhagic acute abdomen and, although hemodynamic instability indicated the need to perform visceral arteriography, the impossibility of performing it highlighted the importance of rapid recognition of the site of bleeding intraoperatively to avoid unfavorable outcomes for the patient, such as total colectomy or death.

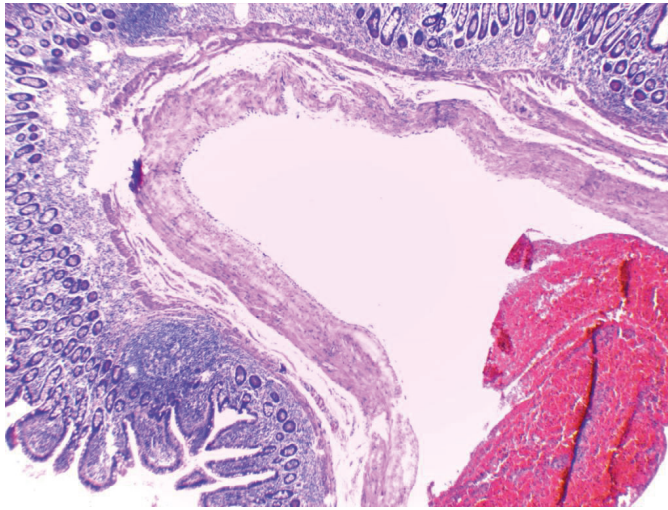


FIGURE 2: Image of the piece in histopathological examination. Histological sections of small intestine wall showing nodular lymphoid hyperplasia and dilated blood vessel.

REFERENCES

Ghassemi KA, Jensen DM. Lower GI bleeding: epidemiology and management. *Curr Gastroenterol Rep.* 2013;15:333. - PMC - PubMed

Strate LL. Lower GI bleeding: epidemiology and diagnosis. *Gastroenterol Clin North Am.* 2005;34:643–664. - PubMed