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PHOTO QUIZ

A patient with diabetes mellitus and recurrent peristomal bleeding

E.J. van der Wouden*, B.D. Westerveld

Department of Gastroenterology, Isala Clinics, location Sophia, Zwolle, the Netherlands,
*corresponding author: tel.: +31 (0)38-424 50 00, fax: +31 (0)38-424 76 54,
e-mail: e.j.van.der.wouden@isala.nl

KEYWORDS

Diabetes mellitus, peristomal bleeding

CASE REPORT

A 75-year-old obese man presented to the Department of Gastroenterology. His medical history included a rectal amputation and colostomy 19 years ago for rectal carcinoma. Furthermore, he had been treated for diabetes mellitus type 2 for 17 years. His diabetes mellitus was complicated by micro-albuminuria and peripheral neuropathy. Finally, he was being treated for hypertension and dyslipidaemia.
During the preceding six months, he had been treated several times for recurrent peristomal bleeding. Severe bleeding from the stoma edges started spontaneously or during stoma care. Although local pressure was applied and coagulation therapy was performed several times, which stopped the bleeding, he had to be admitted twice for blood transfusions due to severe blood loss. A colonoscopy showed no abnormalities. Inspection of his stoma showed multiple peristomal varices (*figures 1* and *2*).

WHAT IS YOUR DIAGNOSIS?

See page 316 for the answer to this photo quiz.

Figure 1. *Patient's stoma with multiple purple blue varices*

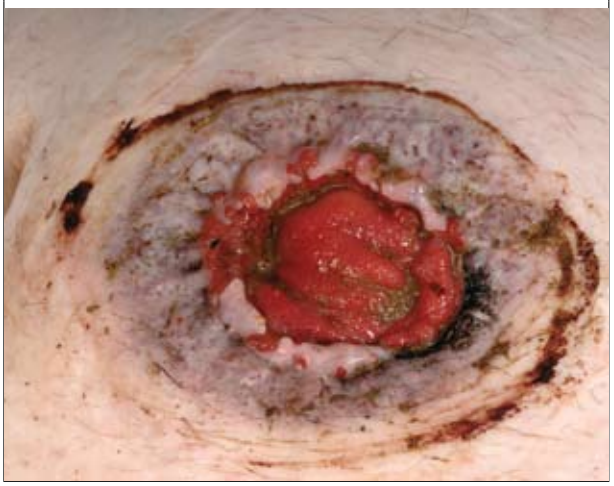
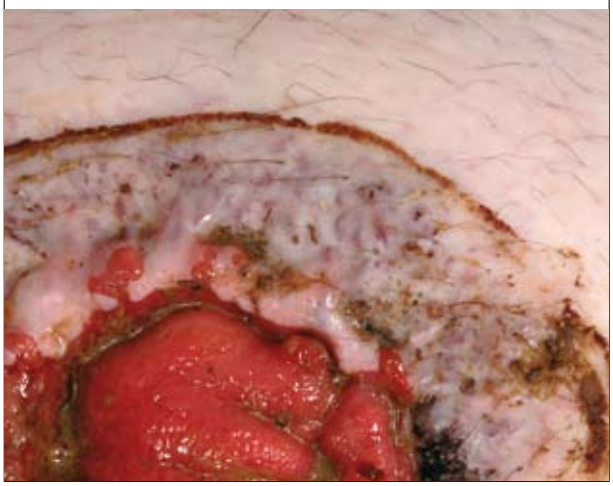


Figure 2. *Detail of the patient's stoma*



ANSWER TO PHOTO QUIZ (ON PAGE 314)

A PATIENT WITH DIABETES MELLITUS AND RECURRENT PERISTOMAL BLEEDING

DIAGNOSIS

Laboratory evaluation showed a haemoglobulin of 4.6 mmol/l (8.5-11.1), MCV 79 (80-100), leucocytes 4.2 (4.0-10.0) thrombocytes 101 (150-400), a prothrombin time of 1.0 INR (0.9-1.1 INR), and an antithrombin III of 67% (80-120%). Electrolytes, renal function and liver tests were in the normal range. A gastroduodenoscopy revealed oesophageal varices grade II. A computed tomography scan of the abdomen showed an enlarged vena mesenterica with aberrant veins running to the stoma (*figure 3*). Furthermore, large aberrant veins from the stoma were running through the subcutis to the vena iliaca. The portal vein was not occluded. A diagnosis of portal hypertension was made, probably from liver cirrhosis. Further evaluation revealed no cause for the liver cirrhosis. His medical history of diabetes mellitus type 2, obesity and dyslipidaemia suggested cryptogenic liver cirrhosis due to nonalcoholic fatty liver disease. A liver biopsy was not performed.[1]

The patient was treated with propranolol and sclerotherapy of the peristomal varices.[2,3] So far, no recurrent bleeding has occurred.

REFERENCES

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2. Wolfsen HC, Kozarek RA, Bredfeldt JE, Fenster LF, Brubacher LL. The role of endoscopic injection sclerotherapy in the management of bleeding peristomal varices. Gastrointest Endosc 1990;36:472-4.
3. Conte, JV, Arcomano, TA, Naficy, MA, Holt, RW. Treatment of bleeding stomal varices. Report of a case and review of the literature. Dis Colon Rectum 1990;33:308-14.

Figure 3. *Computer tomography of the abdomen of the patient with oral contrast showing large aberrant vascular structures running to the stoma*