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PHOTO QUIZ

An unusual cause of rectal bleeding

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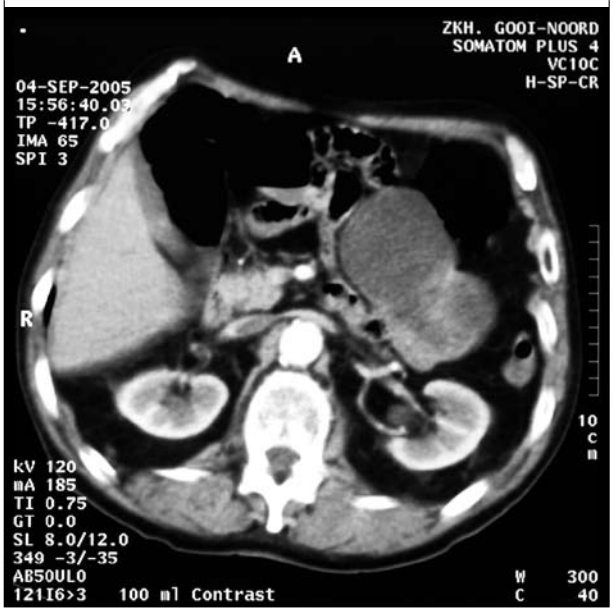
CASE REPORT

A 79-year-old man with acute onset of rectal bleeding was admitted to our hospital. There were no complaints of abdominal pain or nausea and he had previously been well without a history of recent illness or weight loss. On physical examination a solid palpable mass was found in the right lower quadrant of the abdomen. Digital rectal examination and colonoscopy were unremarkable, but colonoscopy did reveal blood coming from a proximal source. Subsequent gastroscopy was unremarkable. Therefore, an abdominal computed tomography scan with intravenous contrast was performed, which showed typical findings characteristic of the diagnosis (*figure 1*).

WHAT IS YOUR DIAGNOSIS?

See page 408 for the answer to this photo quiz.

Figure 1. *Abdominal computed tomography scan with intravenous contrast*



ANSWER TO PHOTO QUIZ (ON PAGE 407)

AN UNUSUAL CAUSE OF RECTAL BLEEDING

DIAGNOSIS

The computed tomography (CT) scan shows a large, well-circumscribed heterogeneous mass in the left upper abdomen. Laparotomy was performed. The mass, with a diameter of 14 cm, originated from a Meckel's diverticulum, and was causing the rectal bleeding (*figure 2*). The tumour was surgically removed and an end-to-end anastomosis was performed. Immunohistochemistry showed CD117 positive staining, being specific for a gastrointestinal stromal tumour (GIST).

Although the preoperative diagnosis of a complicated Meckel's diverticulum is difficult, the diagnosis should be considered in case of an acute onset of rectal bleeding, especially when gastroscopic and colonoscopic examinations are unremarkable. The Meckel's diverticulum is present in about 0.3 to 4% of the general population with a life-time complication rate of about 4%, decreasing with age. Neoplasms are rare and reported in approximately 0.5 to 3.2% of symptomatic Meckel's diverticula.[1]

A CT scan with intravenous contrast (but no oral contrast administration) was the investigation of choice since the patient was haemodynamically stable. The site of potential blood loss is more readily detected since exposure to an adequate level of contrast lasts at least five times longer than during intra-arterial angiography. Moreover, a CT scan can yield an additional full anatomical overview of the patient. However, in an haemodynamically unstable patient, angiography is preferred because it provides the means for therapeutic embolisation.

Figure 2. *Meckel's diverticulum*

REFERENCE

1. Yahchouchy EK, Marano AF, Etienne JC, Fingerhut AL. Meckel's diverticulum. J Am Coll Surg 2001;192:658-62.