

Colonic Varices Revealed by Chronic Abdominal Pain: A Case Report

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Abstract

Background: Colonic varices are a rare cause of lower gastrointestinal bleeding; in addition to that, a clinical presentation with abdominal pain and anaemia remains an even more unusual situation.

Case Report: We report the case of a 64-year-old man, presenting with chronic abdominal pain and iron deficiency anemia whose endoscopic exploration has concluded to the presence of varices in the ascending colon due to longstanding thrombosis of the superior mesenteric vein which was confirmed by an abdominal computed tomography.

Conclusion: Colonic varices are a rare but potentially severe condition. Rectal bleeding and anemia with normal upper gastrointestinal findings, should be investigated with a colonoscopy. Treatment of colonic varices is not well established and depends on the etiology and severity of clinical presentation.

Keywords: Colonic Varices; Abdominal Pain; Colonoscopy

Introduction

Since the first description of colonic varices (CV) in 1954 [1], further cases have been reported in the literature, and most symptomatic ones present with lower gastrointestinal bleeding. However, the clinical presentation with abdominal pain and anaemia remains an unusual situation [2]. Most varices are due to portal hypertension in cirrhotic patients and the most common location being the rectum [3]. Colonoscopy and computed tomography remains the main diagnostic options.

We report a case of colonic varices diagnosed during investigation of chronic abdominal pain with anemia.

Case Report

- A 64-year-old man, presenting with chronic epigastric pain associated with loss of appetite and nausea. He had no history of smoking, alcohol consumption, drug use or any hepatotoxic substances. There was no noteworthy family history.
- Physical investigation had found a tenderness on palpation of the epigastrium and right iliac fossa and the abdominal ultrasound revealed no abnormalities.
- Laboratory investigation showed iron deficiency anemia at 7g/dl.

- Gastroscopy did not show any lesions that would explain his anemia, so colonoscopy was performed, which revealed varices in the ascending colon (Figure 1). Otherwise, the rest of the colon and terminal ileum appeared normal.
- Portal hypertension was suspected and an abdominal contrast-enhanced CT was performed, which showed longstanding thrombosis of the superior mesenteric vein, with extensive collateral vein formation.
- After multidisciplinary concertation, the decision was made to start anticoagulant treatment and the evolution was marked by a clear clinical and biological improvement within a 6-month follow-up.

Figure 1: Right colonic varices on coloscopy.

Discussion and Conclusion

First reported in 1954 [1], colonic varices are a rare cause of lower gastrointestinal bleeding and anemia, with a reported incidence of 0.07% [4]. They are less common than rectal, duodenal, and small-bowel varices [5].

CV are most commonly diagnosed in cirrhotic patients with portal hypertension [6]. Non-cirrhotic etiologies include congestive heart failure, portomesenteric venous compromise, splenic venous thrombosis, inherited vascular abnormalities, or they can be idiopathic [7].

The usual presentation of symptomatic CV is painless rectal bleeding. Colonoscopy is more commonly performed as a first step for lower-GI-bleeding evaluation. Detection via colonoscopy can be obscured by polyps, malignant masses, active bleeding, or may be missed if the varices are flattened with insufflation [8]. When it's difficult to locate the origin of the bleeding, venous angiography can be performed and can allow to a therapeutic act such as embolization by coils [9,10] or by balloon.

Due to this uncommon condition, there are no recommendations for the management of colonic varices. The treatment choice depends on the etiology of the varicose veins. Sometimes an anti-coagulant treatment may be sufficient in the case of recent mesenteric thrombosis and colonic varicose veins regress completely [7]. Which is the case in our observation.

Endoscopic management includes injections of cyanoacrylate, sclerotherapy, and argon plasma coagulation to control active bleeding. In case of portal hypertension, TIPS and angiographic embolization are more effective and result in the normalization of the portal-system pressure, which can prevent future bleeding [11]. Other reports have also suggested colonic resection in the management of CV [12].

In conclusion, colonic varices are a rare but potentially severe condition. There is not yet an effective symptomatic treatment. Therefore, an exhaustive etiological assessment must be carried out.

Conflict of Interest

We have no known conflict of interest to disclose.

Consent to Publish

The patient has consented to the submission of the case report to the journal.

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