

Title:

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Dear Editor,

A 34-year-old man presented to our emergency department with a 6-day history of bloody stools. He had no complaints of alteration in bowel habits in the stool. He did not consume alcohol and was a non-smoker. The patient had no any previous notable medical history or family history of similar complaints. Physical examination was unremarkable. In the local hospital, laboratory studies showed a hemoglobin level of 6.0g per deciliter (normal range, 11.5 to 15.5). After blood transfusion, an upper gastrointestinal endoscopy and complete colonoscopy did not reveal any bleeding lesion. In our hospital, the patient underwent abdominal contrast-enhanced CT, small intestinal venous ectasias were detected (Figure 1A, arrow). The selective angiography was performed, but no aneurysm or arteriovenous fistula was found. The gastrointestinal tract bleeding still occurred for an unknown reason. Subsequently, single-balloon enteroscopy was carried out. By oral approach enteroscopy, obvious jejunum venous ectasias were detected (Figure 1B, arrow). By anal approach enteroscopy, obvious ileum venous ectasias were detected (Figure 1C, arrow). No active bleeding was observed. With the exclusion of the secondary causes, a firm diagnosis of small intestinal venous ectasias was made. Intestinal venous ectasias are rare causes of gastroenteric bleeding and they are caused by portal hypertension in most cases. It is difficult to diagnose when gastrointestinal bleeding originates in the small intestine. Therapeutic options are conservative follow-up or surgery. The patient opted for conservative treatment and he remained well at follow-up. A multimodality diagnostic method is necessary to prevent patient morbidity and mortality.

References

1. Othman B, Tan J, Friedman A, Steel M. Resistive small bowel bleeding secondary to an arteriovenous malformation. *ANZ J Surg.* 2023. 93(1-2): 376-378. DOI: 10.1111/ans.17815
2. Sakai E, Ohata K, Nakajima A, Matsushashi N. Diagnosis and therapeutic strategies for small bowel vascular lesions. *World J Gastroenterol.* 2019. 25(22): 2720-2733. DOI: 10.3748/wjg.v25.i22.2720

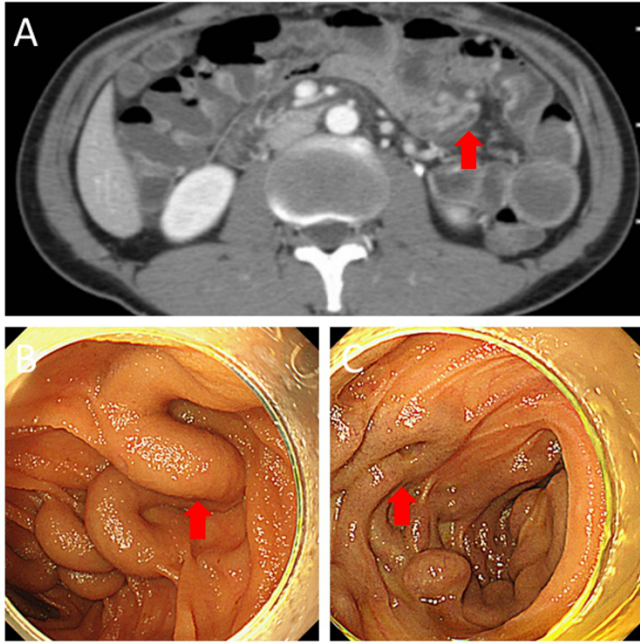


Figure 1. Small intestinal venous ectasias. A. Abdominal contrast-enhanced computed tomography showed small intestinal venous ectasias. B. The oral approach enteroscopy showed obvious jejunum venous ectasias. C. The anal approach enteroscopy showed obvious ileum venous ectasias.