



Acute Massive Lower Gastrointestinal Bleeding Secondary to Obstructive Colitis Proximal to Obstructing Cancer of the Sigmoid Colon

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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Case study

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ABSTRACT

Introduction: Acute massive lower gastrointestinal bleeding (LGIB) is a rare and serious manifestation of obstructive colitis that requires urgent therapeutic intervention. Here, we report a case of LGIB due to obstructive colitis in an adult patient.

Presentation of Case: A 34-year-old man with large bowel obstruction secondary to sigmoid colon cancer underwent laparotomy and Hartmanns procedure (resection of rectosigmoid colon with a proximal end colostomy). Post-operatively, he had recurrent episodes of severe bleeding from the colostomy that required transfusion of a total of eleven units of packed cells and four units of fresh frozen plasma over the next two days. Urgent oesophagogastroduodenoscopy showed pan gastritis and insignificant superficial gastric erosions. Colonoscopy via the colostomy showed stigmata of recent bleed but failed to identify the exact site of bleeding. Computed tomography angiogram failed to localize the site of bleeding. A re-laparotomy was performed. On-table colonoscopy through the end colostomy followed by completion total colectomy and ileorectal anastomosis was done. The patient recovered uneventfully after the surgery with no further episode of rectal bleeding. Histology

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