Combination of Colonoscopy and Clip Application with Angiography to Mark Vascular Malformation in the Small Intestine

S. Gölder¹, M. Strotzer², S. Grüne¹,
C. Zülke³, J. Schölmerich¹,
H. Messmann⁴

¹ Department of Internal Medicine I,
University Hospital of Regensburg,
Regensburg, Germany

² Department of Radiology,
University Hospital of Regensburg,
Regensburg, Germany

³ Department of Surgery,
University Hospital of Regensburg,
Regensburg, Germany

⁴ Department of Internal Medicine III,
Zentralklinikum Augsburg, Augsburg,
Germany

Corresponding Author

S. Gölder, M.D.

Dept. of Internal Medicine I
University of Regensburg
93042 Regensburg
Germany

Fax: + 49-941-944-7002

E-mail: stefan.goelder@
klinik.uni-regensburg.de

Figure 1 A 55-year-old woman was admitted with chronic recurrent lower gastrointestinal bleeding. Previous examinations, including esophagogastroduodenoscopy and colonoscopy, during an active bleeding episode, revealed no bleeding site. Angiography showed a vascular malformation in projection to the right sided colon or neoterminal ileum (arrow).

Figure 2 With this lesion in mind one suspicious lesion was found 40 cm beyond the ileocolonic anastomosis (arrows). The lesion was marked with a clip.

Figure 3 A second angiography was performed, which confirmed the correct identification of the vascular malformation since the clip was visible in projection to the angiographically identified lesion (arrow). In addition, a second vascular malformation was detected during this angiography, which could not be reached by the endoscope. Thus, endoscopic treatment was not practical and surgery was performed.