Intramural hematoma of the colon caused by double-balloon enteroscopy in a patient with chronic disseminated intravascular coagulation

A 63-year-old man with a history of surgery for thoracic aortic dissection was transferred to our hospital with obscure gastrointestinal bleeding (OGIB) and bloody stools. Laboratory examination revealed the following results: hemoglobin, 9.9 g/dL; platelets, 94,000/µL; creatinine, 1.29 mg/dL. Video capsule endoscopy following anterograde and retrograde double-balloon enteroscopy (DBE) could not identify the bleeding source.

Fresh bloody stools recurred 4 days after the resumption of feeding and the patient required transfusion. Emergency colonoscopy revealed an intramural hematoma in the sigmoid colon, with rupture and bleeding into the surrounding mucosa (Fig. 1). Contrast-enhanced computed tomography (CT) scans showing an aortic dissection running from: a) the ascending aorta to; b) the abdominal aorta, along with a mass partially obstructing the sigmoid colon (yellow arrow) (Fig. 2).

The patient was not a candidate for surgery for the aortic dissection because of his comorbidities. Continuous intravenous heparin (15,000 units/day) improved the laboratory abnormalities. Follow-up colonoscopy 16 days after the initial treatment showed healing ulceration (Fig. 3).

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