

A 37-year-old man presented with a 2-year history of intermittent rectal bleeding, and was found to be anaemic. Flexible sigmoidoscopy revealed colonic varices, as well as a polypoid tumour in the sigmoid. Sigmoid colectomy was performed, and the subsequent histopathology revealed a Duke's B carcinoma. The patient had another brisk bleed per rectum 3 months later, and required a transfusion of 4 units of blood. Colonoscopy revealed no focal source for the bleeding, apart from generalized colonic varices (Figure 1).

Removal of two benign adenomas in the left colon was carried out on surveillance colonoscopy a year later. The patient also had dyspeptic symptoms, and underwent an oesophagogastroduodenoscopy, which revealed a gastric ulcer, but no evidence of gastric or oesophageal varices was seen. The ulcer was treated medically. Seven years after the first presentation, a mesenteric angiogram was arranged following a second episode of brisk rectal bleeding, which again required blood transfusion. This failed to demonstrate any site of active bleeding. Surveillance gastroscopy and colonoscopy have been

carried out on an intermittent basis over the last 18 years, amounting on average to one examination every 2 years. Repeat liver function tests, ultrasound, and computed tomography scans done serially during this period have not demonstrated any evidence of liver disease.

We are unaware of any reports describing isolated colonic varices in conjunction with colonic carcinoma. Fewer than 100 cases of colonic varices have been reported in the literature, 75% of these being due to portal hypertension [1]. A small number are of idiopathic origin, and suggested aetiopathologies include congenital anomalies of portosystemic anastomoses [2] and abnormal vessel structures. Familial occurrence has also been described [3]. The paucity of data means that proper management of idiopathic colonic varices is unknown, and the present case supports the use of conservative management as a reasonable first-line approach.

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References

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Figure 1 Colonic varices