Life-Threatening Hemorrhage: 
An Unusual Form of Presentation of Crohn’s Disease Treated 
with Endoscopic Injection Sclerotherapy

Although rectal bleeding is a frequent symptom of inflammatory bowel disease, 
massive gastrointestinal hemorrhage has been described in only about 1% of 
patients with Crohn's disease (CD) (1–3). Nearly 90% of these cases require surgery, 
which is associated with a high mortality (1–3). We report a case of a life-threatening 
hemorrhage as a form of presentation of CD, which was successfully treated with 
endoscopic injection therapy.

A 55-year-old man was admitted to our Intensive Care Unit for massive rectal 
bleeding and hypovolemic shock. His medical history was unremarkable. The hematocrit 
at admission was 18% and 10 units of blood were transfused. After hemodynamic 
stabilization, a lower endoscopy showed inflammatory signs as well as aphthoid and serpiginous ulcers in the 
transverse and right colon, without active hemorrhage. However, an adherent red clot 
covering a visible vessel was present in a Crohn’s ulcer (Figure 1). Injection therapy 
was performed with 3 ml of 1/10000 epinephrine and 5 ml of 5% ethanolamine. 
Endoscopic biopsies confirmed the suspected diagnosis of CD. Intravenous treatment 
with methylprednisolone was started, and the patient remained free of hemorrhage until discharge. No signs of rectal 
bleeding nor inflammatory activity were observed in subsequent out-patient controls.

Endoscopic injection sclerotherapy has proved to be a useful treatment for colorectal bleeding due to angiodyplasia (4) 
and varices (5). Massive bleeding may be the form of presentation of CD. In this 
setting, lower endoscopy can suggest the diagnosis and also provide successful treatment 
of the hemorrhage, by means of injection sclerotherapy, thereby avoiding surgery.

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Figure 1: Red clot covering a visible vessel in a Crohn’s disease ulcer, in the transverse colon.

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