



IMAGE OF THE MONTH

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FROM YOUNG ESPGHAN

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Disproportionate bleeding during endoscopy

A four-year-old boy was admitted due to lower gastrointestinal (GI) bleeding in our clinic. The hemoglobin was 7.5g/dl. An emergency endoscopy revealed two caecal erosions which were clipped. Also multiple small angiodysplastic lesions without any bleeding tendency were seen throughout the colon.

One month later, he presented again with lower GI bleeding. This time the haemoglobin levels were stable. Nevertheless, we decided to repeat the endoscopy. In the upper GI tract we found several angiodysplastic lesions similar to the ones observed during first colonoscopy which upon biopsy bled disproportionately strong even requiring clipping. In colon we found no active bleeding sites and the clips were still in place in the caecal area. However, upon pull back of the endoscope multiple fresh mucosal haemorrhagic lesions were seen suggesting an extremely high vulnerability of the colonic mucosa (see Figure 1). Further specific physical examination revealed the possibility to extend the toes to the dorsum of his feet, supporting the suspicion of a connective tissue disease. Further genetic analysis led to the diagnosis of Ehlers-Danlos syndrome type IV (vascular type).

Increased susceptibility of the gastrointestinal mucosa can be a sign of connective tissue disease. This needs to be included as a differential diagnosis of intestinal haemorrhage.

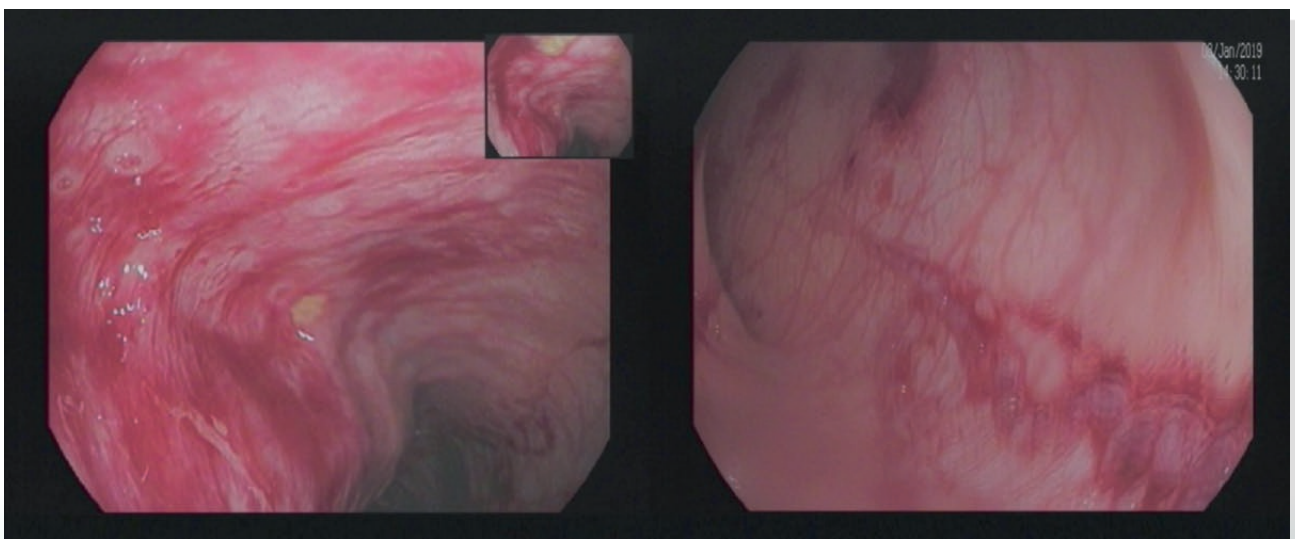


Figure 1: Trails of fresh mucosal haemorrhagic lesions seen after pull back of the endoscope suggesting a high vulnerability of the colonic mucosa.