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FATAL GASTROINTESTINAL BLEEDING DUE TO HENOCH SCHONLEIN ENTERITIS: CASE REPORT

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e report a fatal lower gastrointestinal bleeding case. A 60-years old male f V who had undergone cardiovascular surgery 2 weeks ago and been taking anti-agregan drugs complaint with bloody diarrhea 5-6 times in a day. Stool analyses showed leukocytes and erythrocytes. Ciprofloxacin and metronidazole were started to patient empirically. The bloody diarrhea recovered after 5 days. Two weeks later from his diarrhea attack maculopapular skin lesions appeared on his foots then spread to his legs, gluteal regions and abdomen. His C-reactive protein and sedimentation rate was high. Diagnosis of Henoch schonlein purpura (HSP) was made by dermatologist and prednisolone 60 mg/ gün was started orally. After 1 week of starting steroid therapy, hematochezia started. His hemoglobin (Hb) level dropped from 10 g/dl to 6 g/dl. His serum creatine level increased from 1.2 mg/dl to 2 mg/dl. Anti-agregan drugs were discontinued. Proton pump inhibitor infusion was started in case of stress ulcer bleeding. Upper gastrointestinal endoscopy and colonoscopy had no sign of bleeding focus. Six units of erythrocyte suspension transfused in two days to obtain Hb level above 8 g/dl. Intravenous somatostatin and vasopressin treatment were also given. Abdominal CT angiography showed wall thickening and contrast enhancement in distal jejunal segments. Since bleeding continued, he needed open intraabdominal surgery. Intra-operative endoscopy was made to determine resection margins; there were multiple bleeding ulcers in 80 cm of jejunal segments. Large small bowel resection was made. Three days later from the surgery he was died because of disseminated intravascular coagulation. HSP is a systemic vasculitis involving small sized vessels of multiple systems, especially skin, joint, gastrointestinal tract, and kidney. One-third of HSP develop gastrointestinal hemorrhage caused by vasculitis induced mucosal ischemia. The most common site of HSP involvement in the gastrointestinal tract is a small intestine. Steroid therapy, immunsupresive agent and plasmapheresis are treatment options.

Biography

Sebahat Basyigit is Gastroenterologist at Istanbul Medicine Hospital, in Turkey. She is skilled on endoscopy, colonoscopy, endoscopic stent replacement to gastrointestinal stenosis, percutan endoscopic gastrostomy, esophageal variceal ligation, liver biopsy. She is a member of Turkish Association of Gastroenterology.

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