73 year old female with 2 months of Recurrent Lower GI Bleeding

Vijay Ramalingam, M.D.
Ochmer Clinic Foundation
Clinical History:

• 73 year old female with recurrent LGIB requiring transfusions.

• Patient has had 4 negative colonoscopies in 6 weeks.

• Multiple imaging studies including multiple CTA, NM, and Catheter Angiograms

• Recurrent Admissions
Axial and Coronal Images from CTA above demonstrate active contrast extravasation after second presentation with acute LGIB. Patient had already had a negative colonoscopy and was imaged this time.
Representative images from catheter angiogram demonstrate no extravasation or pseudoaneurysm. Celiac, SMA, IMA, and Targeted Angiogram performed based on CTA.
Patient returned with recurrent bleeding and had an additional negative colonoscopy and negative imaging studies (CTA and catheter angiogram). At this time, decision was made to use provocative angiography. IMA Angiography demonstrates no evidence of extravasation (left) and no evidence of extravasation after 3000 units IV Heparin (right).
After increasing doses of nitroglycerin and tPA were administered in the expected region of bleeding based on initial positive CTA, active bleeding was identified (left) and embolized (right).
Teaching Points:

✓ Provocative angiography can be a useful adjunct to traditional algorithms in challenging patients.

✓ Prior positive CTA in this case provided excellent road map to target intraarterial lytics to provoke bleeding.
References

Heparin, tPA, nitro