



Intestinal Angioectasia

Mrs. M. is a 58-year-old married real estate agent in excellent health who recently noted a new symptom of shortness of breath. She also noted that she tired easily. She found that she could not go up a flight of stairs without stopping to catch her breath. She took no medications except a daily 81 mg aspirin for “heart health.” After the symptoms worsened to the point that she had to drop her pickleball classes, she called her doctor. Routine blood tests showed a new severe anemia (low red blood cell count) due to iron deficiency. Measured in hemoglobin, her previous level has always been around 12, which is normal. Her hemoglobin level had now dropped to 8.8, a sign of severe anemia. Blood iron levels were also very low, suggesting chronic slow blood loss. A Gastroenterologist was consulted, and subsequent studies, including a colonoscopy, revealed a patch of angioectasia in her right colon. This was the source of slow “occult” blood loss. (Blood that is not visible in the stool.) The area was cauterized during colonoscopy, destroying the patch of angioectasia and stopping the blood loss. She was given iron infusions to replace the lost iron so her bone marrow could resume red blood cell production. She was advised to avoid all aspirin products. Two months later, her hemoglobin was back to 12, and she excelled at pickleball. Periodic blood tests are planned.

Intestinal angioectasia, also known as *angiodysplasia* or *arteriovenous malformation (AVM)*, is a condition where the blood vessels in the inner lining of the gastrointestinal tract become enlarged, twisted, and prone to bleeding. It is the most common cause of intestinal bleeding in people older than 60 years of age, and it can affect the stomach, small intestine, or colon.

What Causes Intestinal Angioectasia?

The exact cause of intestinal angioectasia is unknown, but it may be related to increased pressure in the veins, age-related degeneration of the vessels, or underlying heart or lung disease. Some people may have a genetic predisposition to develop this condition.



The Main symptom is Blood Loss

The symptoms of intestinal angioectasia depend on the location and severity of the bleeding. Some people may have no symptoms or only mild anemia, while others may experience occult bleeding (blood that is not visible in the stool), melena (black and tarry stool), hematochezia (bright red blood in the stool), or hematemesis (vomiting blood). The bleeding may be intermittent or chronic, and it may lead to complications such as iron deficiency anemia and iron or transfusion dependency.

How Does Your Doctor Know?

Diagnosing intestinal angioectasia can be challenging, as the lesions may be small, multiple, and scattered throughout the 25-foot-long gastrointestinal tract. The most commonly used tests are endoscopic “scope tests” such as upper endoscopy (EGD), capsule endoscopy (“Pill Cam”), and Colonoscopy. X-ray studies are sometimes helpful. These tests can help visualize the abnormal vessels, determine the source and extent of the bleeding, and perform therapeutic interventions if needed.

Goal of Treatment is Three-Fold

The treatment of intestinal angioectasia depends on the severity of the bleeding, the location of the lesions, and the patient’s overall condition. The main goals are to:

1. Correct the anemia and iron deficiency with either oral iron supplements or IV iron infusions
2. Stop or reduce the amount of blood loss
3. If possible, avoid these drugs, which worsen blood loss
 - a. Aspirin, even 81 mg
 - b. NSAIDS (Aleve, Motrin, Advil, Ibuprofen)
 - c. Prescription “blood thinners” (warfarin, Coumadin, Eliquis, Xarelto, etc.)
4. Screen for recurrence with periodic blood tests

The treatment options include:

* **Medical therapy:** This may include iron supplementation, blood transfusions, hormonal therapy, or octreotide, a drug that reduces blood flow to the gastrointestinal tract.

* **Endoscopic therapy:** This involves using a flexible tube with a camera and a light source to access the gastrointestinal tract and apply various modalities to seal the bleeding vessels, such as argon plasma coagulation, bipolar electrocoagulation, a heater probe, band ligation, or injection of sclerosing agents or glue.

* **Radiologic therapy:** This involves using imaging guidance to inject embolic agents or coils into the arteries that supply the bleeding vessels, thereby blocking the blood flow and inducing thrombosis.

* **Surgical therapy:** This is reserved for cases that are not responsive to other treatments or when the bleeding is massive, life-threatening, or localized to a segment of the bowel. It

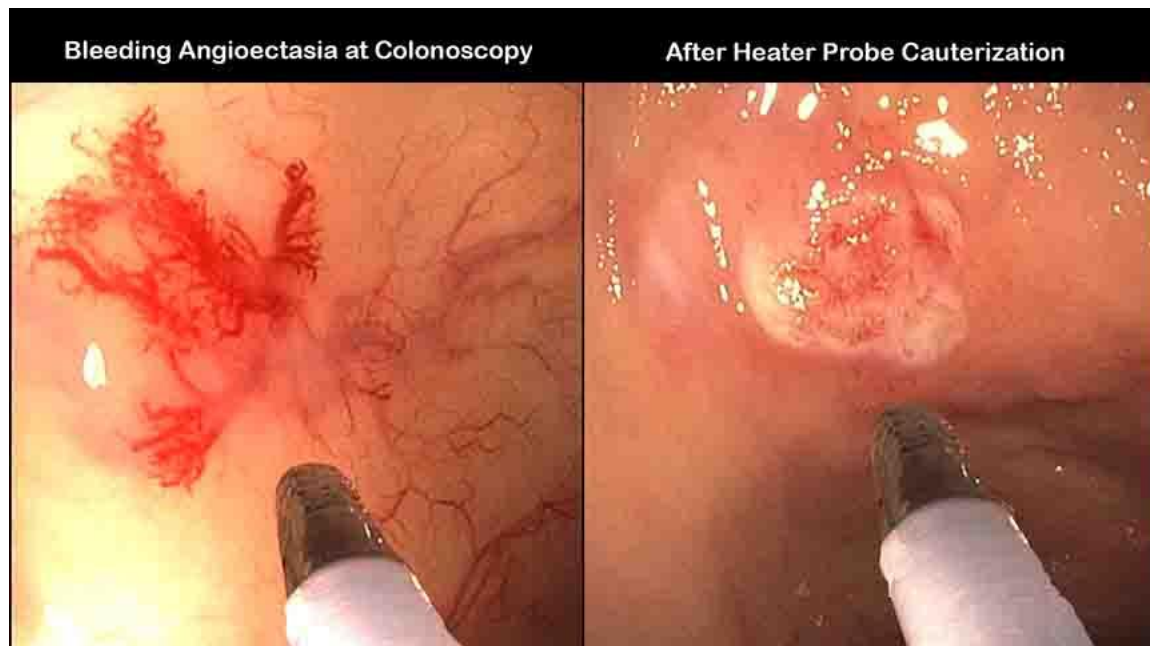
involves removing the affected part of the gastrointestinal tract and reconnecting the remaining ends.

Prognosis

The prognosis of intestinal angioectasia varies depending on the underlying cause, the number and location of the lesions, the response to treatment, and the presence of other significant health issues. Some people may have a benign course with spontaneous resolution or minimal bleeding, while others may have recurrent or severe bleeding that requires repeated interventions or affects their quality of life.

Robert Fusco, MD
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Below are images captured during Mrs. M's colonoscopy examination. You can clearly see a large patch of angioectasia, which was located in her cecum, the very beginning of the colon on the right side. Using the Olympus Heater Probe, the abnormal blood vessel was successfully cauterized, and the bleeding stopped. This is an excellent example of how colonoscopy can diagnose and correct a problem all in one 20-minute procedure.





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