Short Cases

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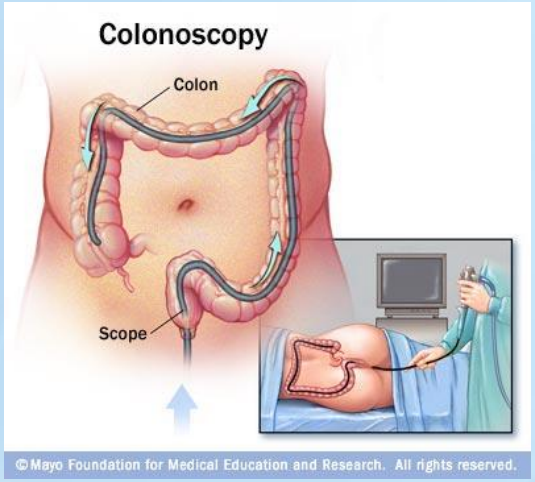


Case 1

Just a regular colonoscopy

Case 1

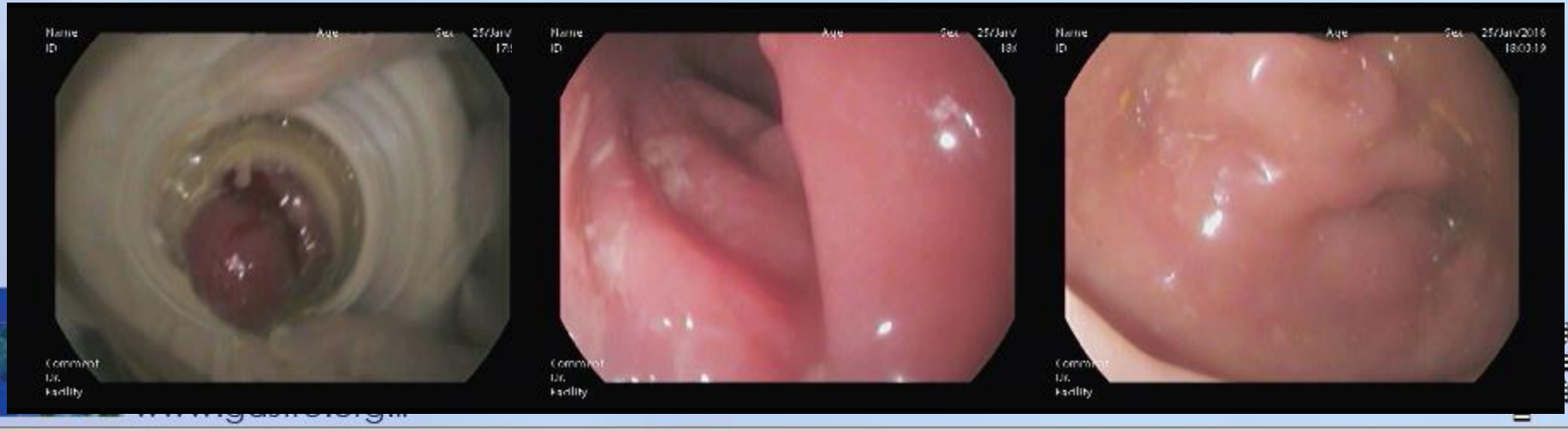
- 45 y/o woman
- Medical and surgical history:
  - Crohn's disease (1995)
    - Ileocecectomy (1995)
    - Small Bowel obstruction - surgical treatment (2000)
  - Carcinoma of rectum
    - Abdominoperineal resection and colostomy (2008)

Case 1

- Medical treatment:
  - Mesalamine
  - Budesonide
  - **Azathioprine 100mg/day**
  - Total Parenteral Nutrition
  - **Adalimumab 40 mg/week**

Case 1

- Colonoscopy (1/2016)
  - Colostomy with reddens and bleeding upon light touch. Edema, exudate and erosions at pre-stomal 5-10 cm
  - Biopsies were obtained



Case 1

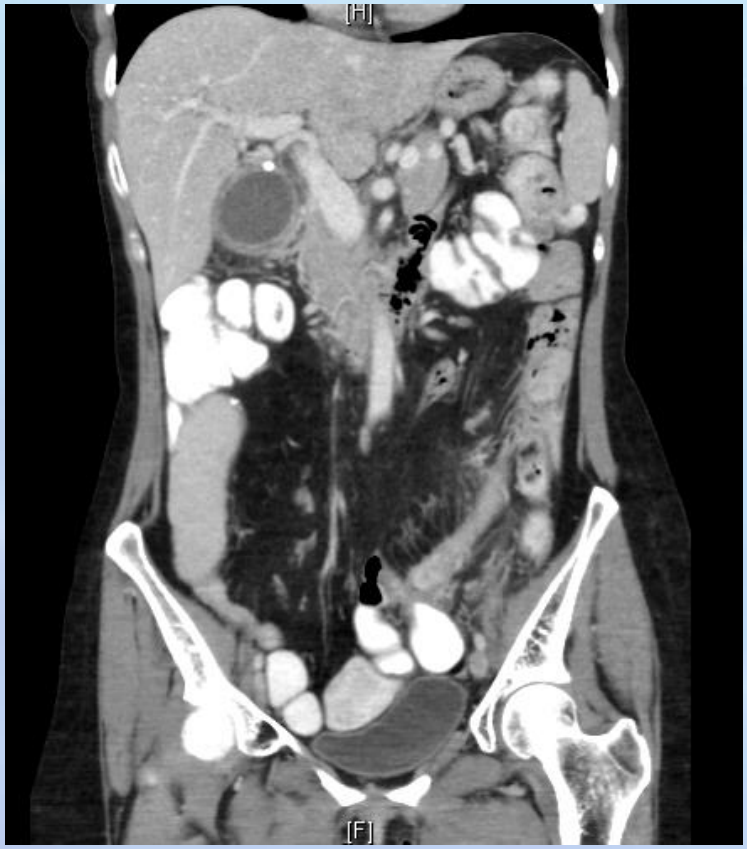
- post colonoscopy:
  - Diffuse abdominal pain (within hours)
  - Fever 38.3, chills, pain migrating to right upper quadrant (within 2 days)
  - Stoma excretions include foam and pus

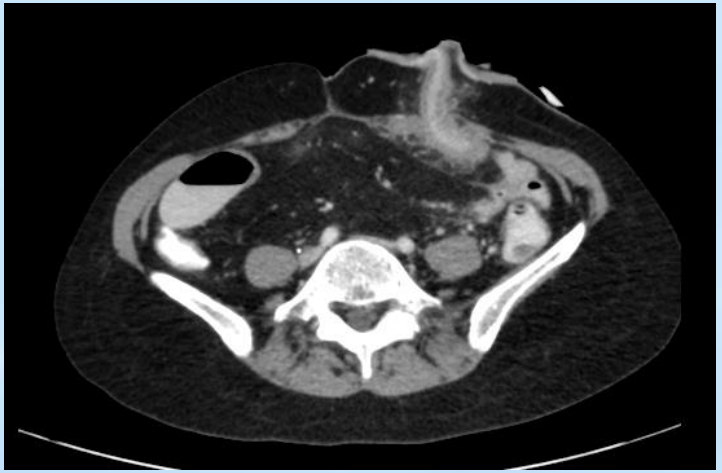
Case 1

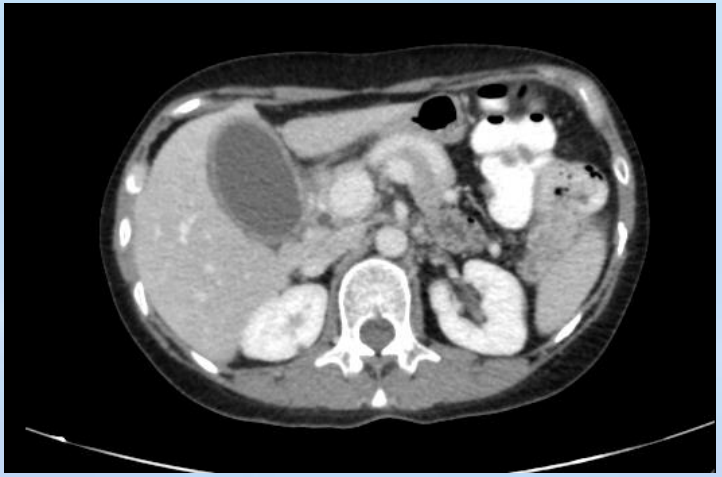
- Physical examination:
  - Abdominal tenderness (RUQ), distention, “sinking” stoma
- Laboratory workup:
  - WBC 13.4 (4-11)
  - CRP 196 (0-5 mg/L)
  - Amylase 132 (20-104 U/L)
  - Normal liver enzymes

What is the likely diagnosis?

- Imaging:







Post Colonoscopy Cholecystitis

- The patient underwent laparoscopic cholecystectomy

- Pathological examination:
  - Acute and chronic cholecystitis
  - Cholelithiasis

“colonoscopy & cholecystitis”

- Only nine documented cases reported in the literature (first reported in 2001)
- All patients had uneventful routine colonoscopies and developed cholecystitis within 72 hours after the procedure

1. Park TI, Lee SY, Lee JH, Kim MC, Kim BG, Cha DH. Acute Cholecystitis After a Colonoscopy .*Annals of Coloproctology 2013*
2. Milman PJ, Goldenberg SP. Colonoscopy cholecystitis. Am J Gastroenterol. 2001;96:1666 .

Post colonoscopy cholecystitis

Author	Age (yr)	Gender	Colonoscopic procedure	Colonoscopy to symptoms (hr)
Milman and Goldenberg [4]	58	Female	Polypectomy (cold biopsy)	NR (< 24)
Milman and Goldenberg [4]	49	Female	Random biopsy	8
Aziz et al. [5]	63	Female	Polypectomy	24
Aziz et al. [5]	60	Male	Polypectomy	72
Fernandez-Martinez et al. [6]	76	Male	Polypectomy (cold biopsy)	48
Maddur et al. [7]	70	Male	Polypectomy (cold snare and forceps)	48
Maddur et al. [7]	70	Male	Polypectomy (cold snare and snare electrocautery)	72
Maddur et al. [7]	57	Female	Polypectomy (snare electrocautery)	48
Present study	35	Male	Polypectomy (snare electrocautery)	48

1. Park TI, Lee SY, Lee JH, Kim MC, Kim BG, Cha DH. Acute Cholecystitis After a Colonoscopy .*Annals of Coloproctology 2013*

Post colonoscopy cholecystitis

- Possible causes:
  - **Dehydration** caused by bowel preparation causing bile stasis, increased bile lithogenicity and gallbladder distention
  - **Mechanical manipulation** associated with bacterial translocation, and trauma or an adjacent inflammatory response from a polypectomy

Case 2

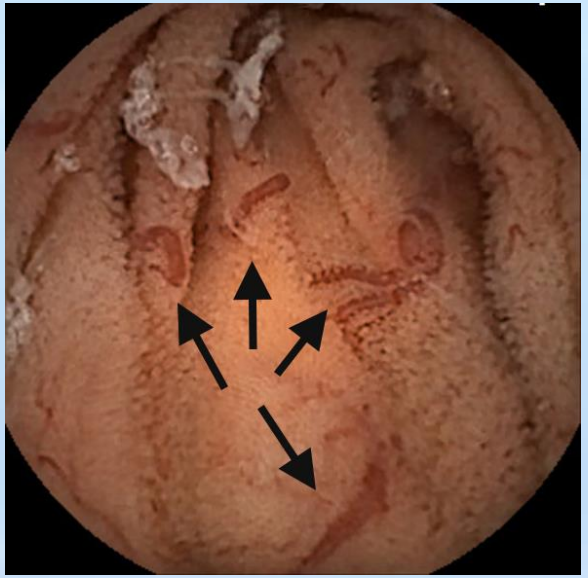
Young patient with melena

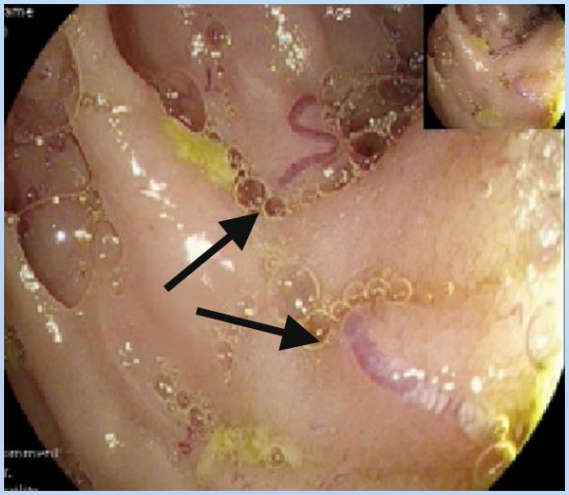
Case 2

- 42 y/o woman
- Chief complaint
  - Intermittent melena
- Medical and surgical history
  - Sleeve gastrectomy (2y) complicated by massive arterial bleeding from the insufflation needle
- Physical examination:
  - Pale, abdominal laparotomy scar, melena
- Lab exams:
  - Hemoglobin of 5.5 g/dL

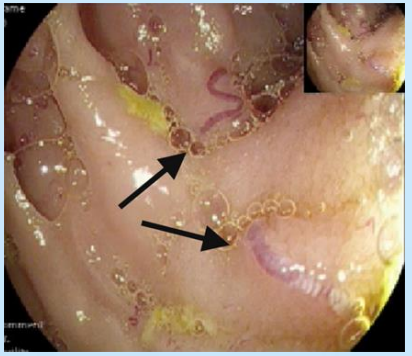
Case 2

- GI workup:
  - Normal upper and lower endoscopies
  - Capsule endoscopy
  - Push enteroscopy





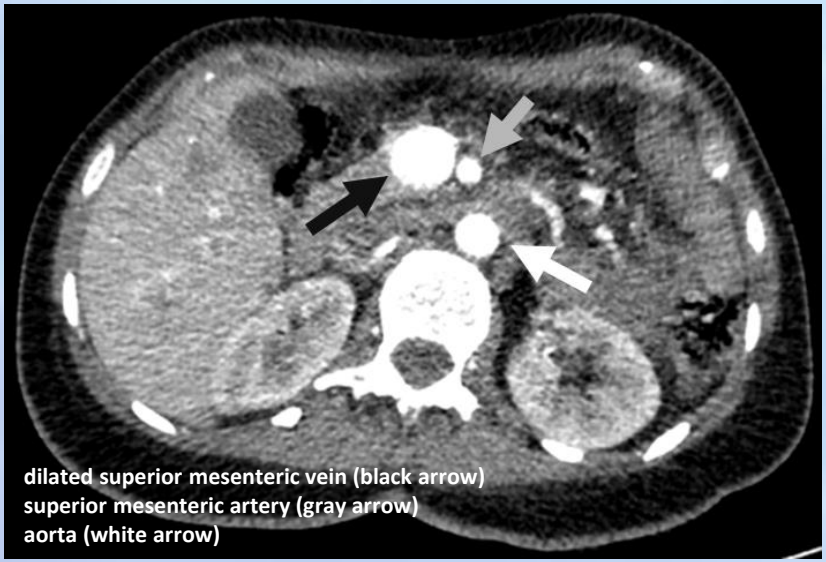
Case 2



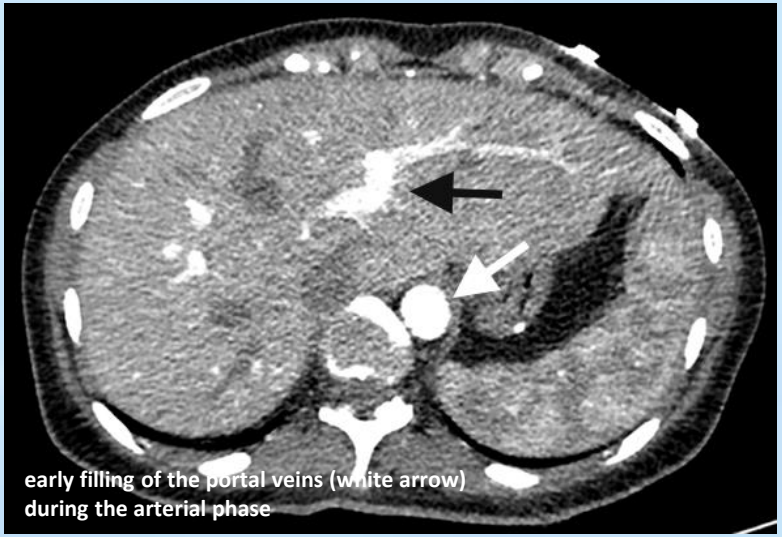
- What is the likely diagnosis?
- What is the next step?

Case 2

- Imaging:
  - Triple phase CT



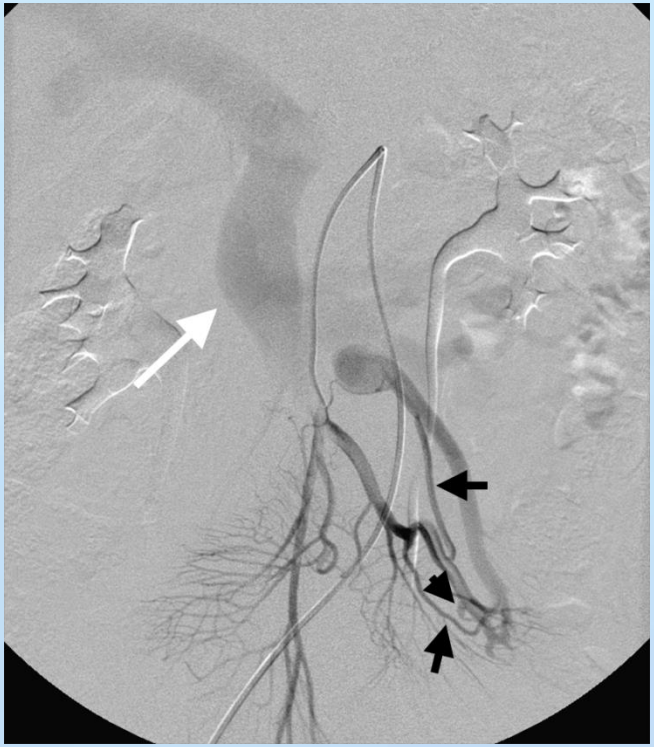
dilated superior mesenteric vein (black arrow)
superior mesenteric artery (gray arrow)
aorta (white arrow)



early filling of the portal veins (white arrow)
during the arterial phase

Arterio-portal fistula

- Arterio-portal fistula complicating sleeve gastrectomy causing venous engorgement and obscure overt GI bleeding
- Subsequent angiography confirmed several fistulae connecting the SMA and portal vein
- Occlusion of the fistulae with coils was performed



Simultaneous filling of the superior mesenteric artery and the portal vein (white arrow)
Several AV fistulae (black arrows)

Arterio-portal fistula

- Fistulae between the mesenteric artery and portal system are rare
- This is the first reported case following sleeve gastrectomy
- Clinical signs and symptoms originate from portal hypertension or ischemia
- Bleeding may be acute, massive variceal bleeding, or chronic oozing from engorged veins or ischemic mucosa
- The diagnosis can be made by CT/MR angiography or Doppler
- Early diagnosis and treatment by interventional radiology or surgery can be crucial

1. Athanasiou et al. Inferior mesenteric arteriovenous fistula: case report and world-literature review. World J Gastroenterol 2014
2. 2. Grujic D et al. Superior Mesenteric Arteriovenous Fistula Presenting with Massive Lethal Upper Gastrointestinal Bleeding 14 Years after Small Bowel Resection. Balkan Med J 2015
3. An T et al. Massive gastrointestinal bleeding secondary to superior mesenteric arteriovenous fistula. Am J Gastroenterol 2013
4. Shintani T et al. Transcatheter coil embolization of an iatrogenic superior mesenteric arteriovenous fistula: report of a case. Surg Today 2011

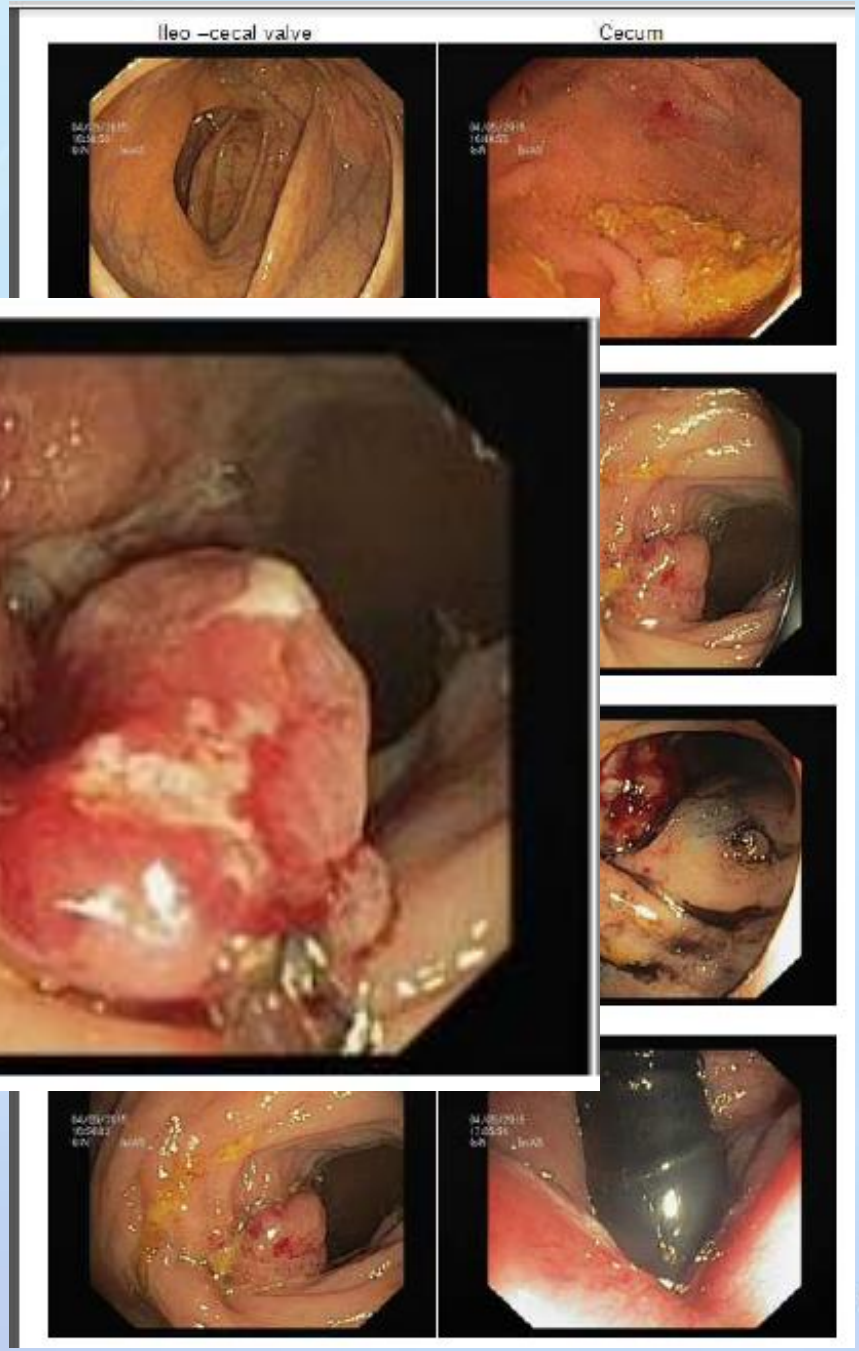
Case 3

The Rock

Case 3

- 62 y/o healthy male
- Referred to gastroscopy and colonoscopy d/t iron deficiency anemia
- No family history of GI malignancy

What is the likely diagnosis?

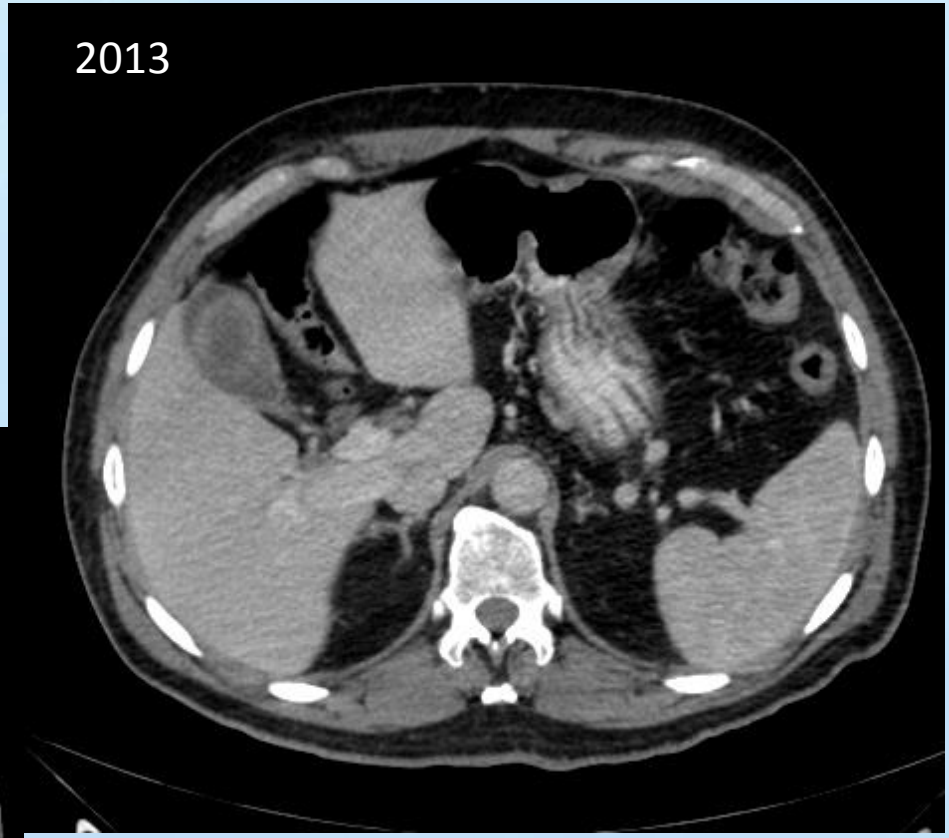


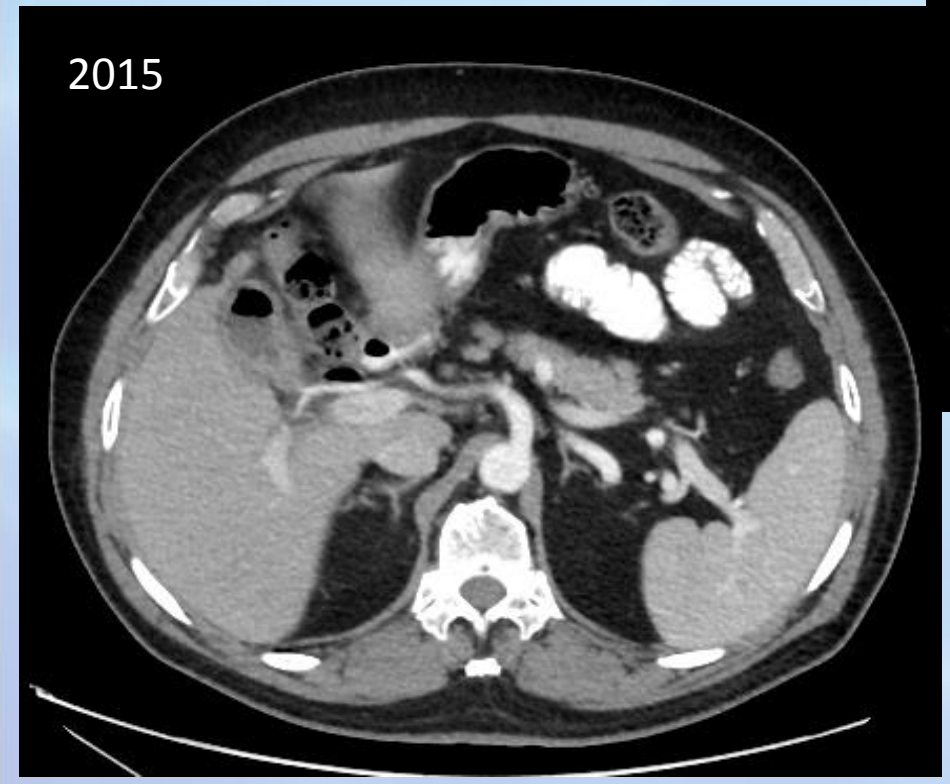
Case 3

- Pathological examination:
  - Negative for malignancy
  - Consistent with inflamed hyperplastic polyp

Case 3

- Imaging:





Case 3

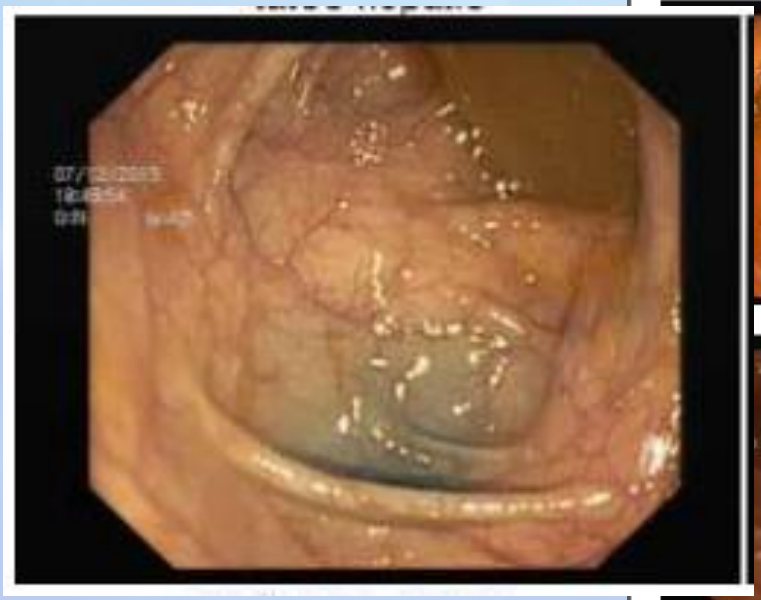
- Additional anamnesis:
  - A day before colonoscopy severe constipation with rectal “birth” of a large mass

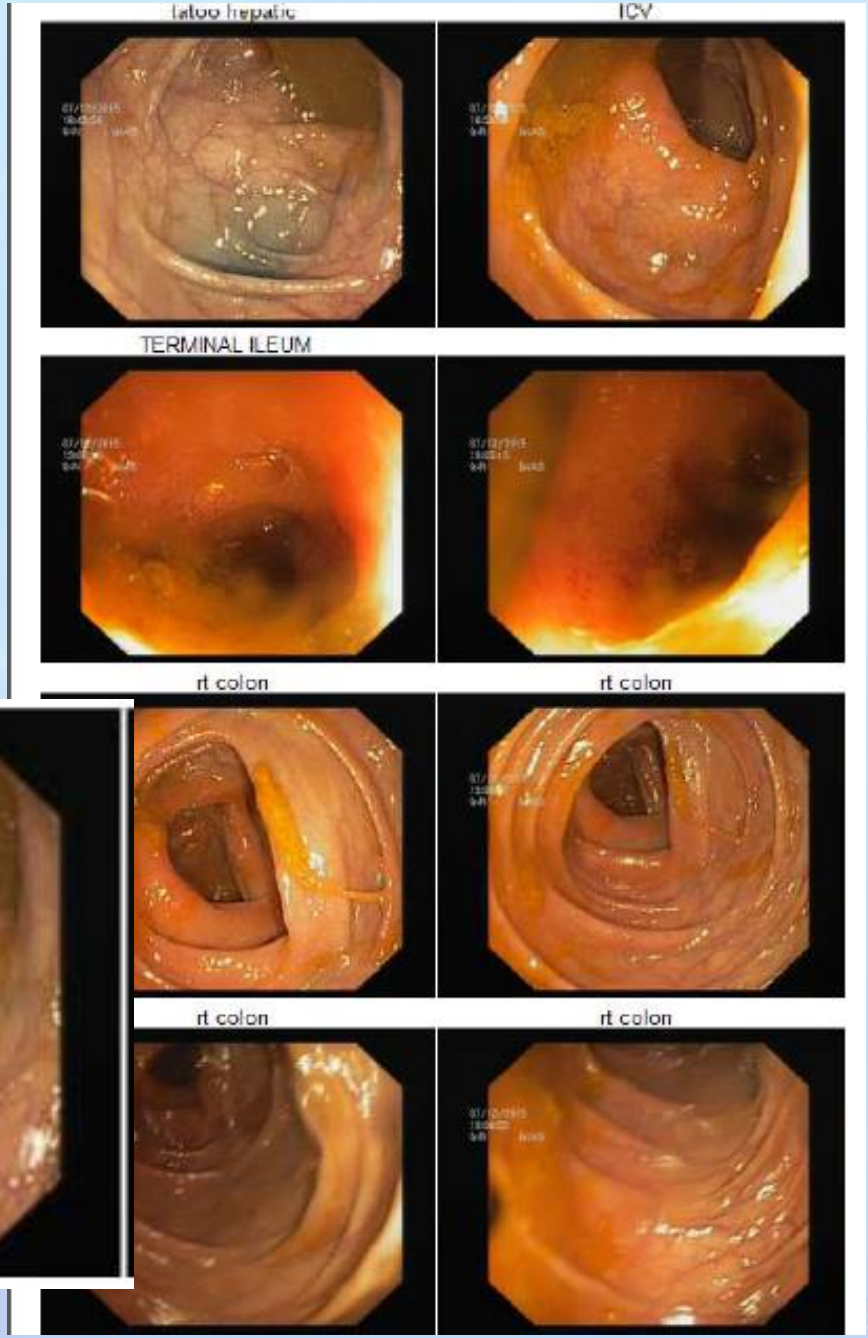
Case 3

- Treatment options:
  - Surgery
    - Cholecystectomy + Rt hemi-colectomy
    - Cholecystectomy
  - Conservative treatment
    - Recurrent colonoscopy

Case 3

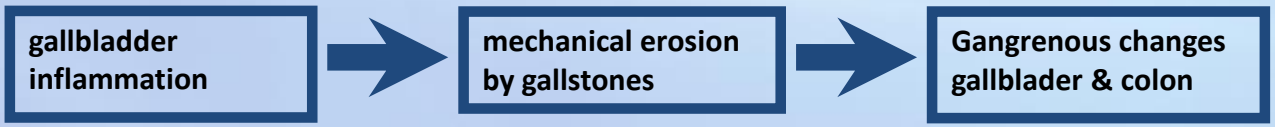
- Follow up colonoscopy:
  - 6 month later





Cholecystocolonic Fistula

- Late complication of gallstone disease
- Found in 1/1000 cholecystectomies
- Pathognomonic triad:
  - Chronic bile acid-induced diarrhea
  - Malabsorption of fat-soluble vitamin K
  - Pneumobilia
- Probable sequence of events:



1. Antonacci N et al. Asymptomatic Cholecystocolonic Fistula: A Diagnostic and Therapeutic Dilemma .*Case Reports in Surgery* ;2013
2. Balent E, Plackett TP, Lin-Hurtubise K. Cholecystocolonic Fistula. *Hawai'i Journal of Medicine & Public Health*. 2012