A 71-yr-old Female with Hematochezia

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Age and Gender: 71/Female
Chief Complains: Hematochezia
Present Illness: She was an ESRD patient and on hemodialysis three times a week. She admitted due to hematochezia (two times). She visited emergency room of our hospital for further evaluation.
Past History: HTN, DM, ESRD, Myelodysplastic syndrome
Lt. AVF op (2015.07.28)
Family History: None
Physical Examination and Laboratory Findings:
Vital signs: blood pressure 150/73 mmHg, pulse rate 85/min
On physical examination, her abdomen was soft and flat, and with normo-audible bowel sound.
A small amount of blood was checked on digital rectal examination.
In laboratory tests, she had a hemoglobin count of 7.6 g/dL and a platelet count of 58,000/mm³.
Endoscopic and Radiologic Findings:
Initial sigmoidoscopy: Limited study due to old bleed clot and no active bleeding at left colon.
Abdominal CT: high attenuation focus in small bowel, but unknown significance
She could not undergo colonoscopy due to vomiting during bowel preparation.
EGD: non-specific finding
Capsule endoscopy: There was no bleeding focus at small bowel
Hospital Progress: She had hematochezia repeatedly after undergoing capsule endoscopy. He got packed RBC transfusion. The left AVF site did not work properly during hemodialysis. Then, hickman catheter was inserted at right subclavian vein as the route of next hemodialysis. After the procedure, the exit site of the catheter showed uncontrolled oozing. She had hematochezia repeatedly.