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CLINICAL IMAGE IN GASTROENTEROLOGY

Treatment of rectal hemangioma through embolization☆

Manejo de hemangioma rectal mediante embolización

A.M. Gloria-Rivas[a], N. Pérez-Carrillo[a], R. O'Farril-Anzures[b,*]

[a] *Servicio de Cirugía General, Hospital Central Sur de Alta Especialidad de PEMEX, Mexico City, Mexico*
[b] *Servicio de Coloproctología, Hospital Central Sur de Alta Especialidad de PEMEX, Mexico City, Mexico*

A 34-year-old woman had illness onset nine years earlier, with intermittent rectorrhagia, mucus in stools, and iron-deficiency anemia. Subtotal colectomy with ileorectal anastomosis was performed due to suspicion of ulcerative colitis. She underwent blood transfusions at her check-up appointments because of persistent bleeding and was hospitalized for stabilization and study. Upper gastrointestinal endoscopy was normal, and colonoscopy showed thinned mucosa, edema and erythema, friability, multiple violet-blue vascular dilations of 5-15 mm that extended into the inferior and middle thirds of the rectum, and a normal ileorectal anastomosis (Fig. 1). Magnetic resonance imaging revealed concentric thickening of the mesorectum, with no pelvic invasion, and a rectal wall measuring 16 mm (Fig. 2). In addition to the thickening of the rectal wall, a computed tomography scan identified tortuosity of an accessory artery emerging from the aorta and phleboliths in the pelvis (Fig. 3). Surgical treatment is proctectomy and ileoanal anastomosis, with a protective ileostomy. The patient signed a statement of her informed decision to refuse the procedure and accepted conservative treatment, which consisted of transcatheter embolization through angiography, the administration of microparticles containing 200 μm of polyvinyl alcohol, and the placement of a coil (Fig. 4). The patient is currently asymptomatic and under medical surveillance.

Figure 1 Colonoscopy study showing the multiple tortuous and dilated vessels, with the characteristic coloring, in the rectum.

Ethical disclosures

The authors declare that no experiments were conducted on humans or animals for the present report, that they have

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* Corresponding author.
E-mail address: dr.ofarril@gmail.com (R. O'Farril-Anzures).

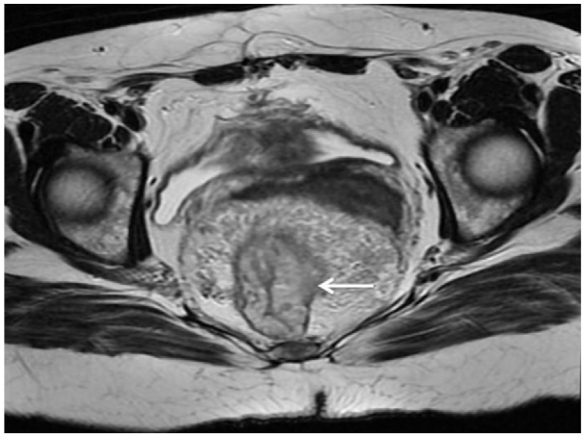

Figure 2 Axial view of the MRI. The arrow is pointing to the thickened rectal wall measuring 16 mm, with important reduction in the lumen and thickening of the mesorectum.

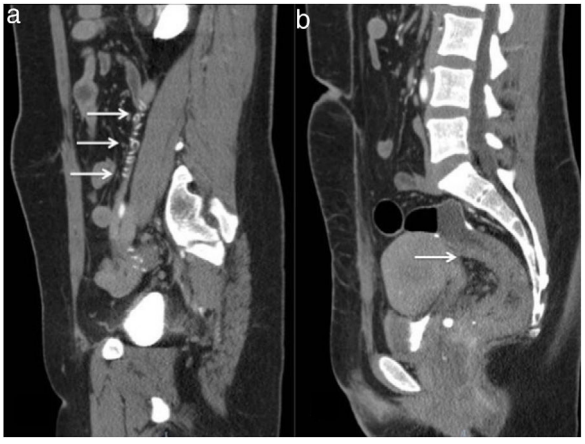

Figure 3 Sagittal view of a CT scan showing a) blood vessel tortuosity and b) thickening of the rectal wall below the ileorectal anastomosis and phleboliths in the cul-de-sac.

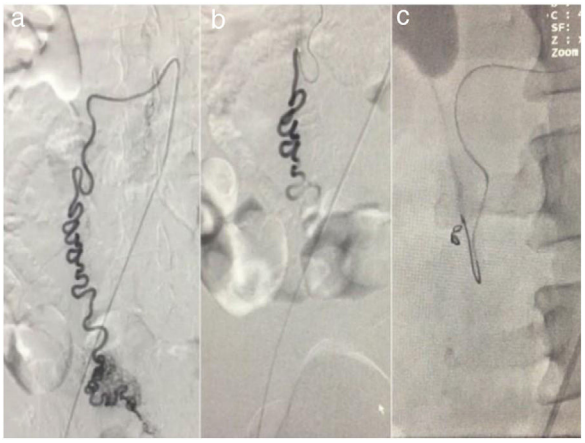

Figure 4 a) Angiography of the abdominal aorta, showing the emergence of the aberrant vessel in a caudal direction and at the level of the rectum, the main vascular tract at which the multiple tortuous branches that make up the hemangioma are seen. b) Polyvinyl alcohol microparticle administration. c) Complete embolization with placement of the coil.

followed the protocols of their work center on the publication of patient data, and that they have preserved patient anonymity at all times.

Informed consent was not required for the publication of the present case because the article contains no personal data that could identify the patient.

Financial disclosure

No financial support was received in relation to this article.

Conflict of interest

The authors declare that there is no conflict of interest.