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Intestinal Occlusion Secondary to Non-Syndromic Intestinal Arteriovenous Malformation in a Young Patient, Case Report.

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INTRODUCTION

The incidence of syndromic pathology and genetic defects in young patients with digestive malformations is much higher than that of the general population. Intestinal occlusion and incidental detection of arteriovenous malformations in adult patients are a rare condition that should be approached thoroughly to obtain an accurate diagnosis and find the best therapeutic conduct.

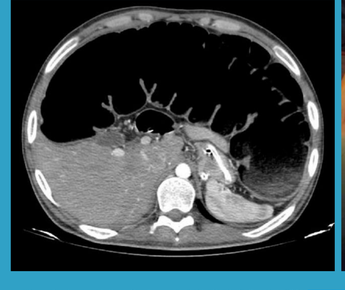
Colonic stricture is typically asymptomatic but can cause symptoms of chronic obstruction. Common etiologies, clinical presentation, and treatment must be individualized. Surgical treatment is reserved for patients with complicated intestinal obstruction and who are not candidates for endoscopy.

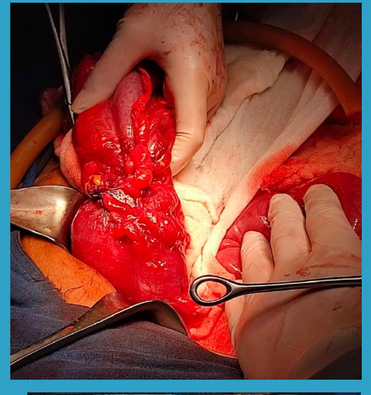
OBJECTIVE.

Present the case of a young patient with malformation non-syndromatic colonic arteriovenous disease that debuted with intestinal occlusion.

MATERIAL AND METHODS.

Literature review and file review.



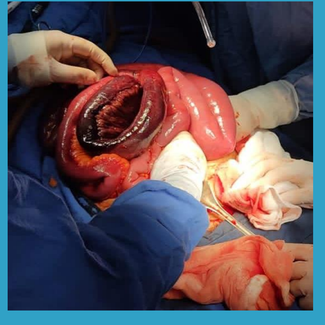


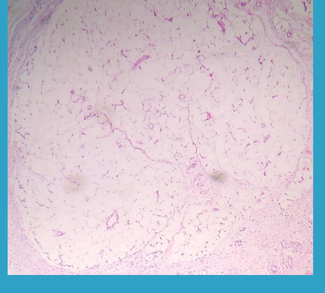


CASE REPORT.

18-year-old male with abdominal pain of 5 days of evolution, generalized, colic type, intensity 8/10, accompanied by nausea and emesis, liquid evacuations at that time, chills. Blood test: Cl 108, k 3.3, Na 138, cr .96, glucose 135, BUN 14, Urea 30, TGO 24, TGP 33, Amylase 38, Ca 9.3, DHL 196, Lipase 31, Leukocytes, 11,230, Hgb 16.4, platelets 268,000, Neutrophils 77.8%. Patient with data of acute abdomen so surgical exploration is decided, finding hypotrophy abdominal wall, at the opening exit of 100cc of citrine fluid, loops of small intestine dilated in its entirety, as well as cecum, ascending colon, transverse and descending with significant dilatation.

Lesions in rice grains distributed in the loops and mesentery as well as in the omentum. Abundant adenopathy in the mesocolon and mesentery. An area of stenosis of 100% of the sigmoid lumen is identified. Pathology report: Sigmoid segment of 18.5*5.5 cm (perforated chronic colitis secondary to combined vascular malformation, artery, veins and lymphocytes, in the serosa. A new surgical intervention is performed due to torpid evolution with the following findings output of fecal content 1400 cc, necrosis of intestinal loops, necrosis of small intestine to 110 cm of fixed loop, multiple perforations in the jejunum at 130, 150 and 200 cm of fixed loop. Intestinal resection was performed at 110 cm from the fixed loop, and the loop of jejunum and terminal ileum was exteriorized at 40 cm from the ileocecal valve. The patient presented surgical site infection and malnutrition, and after 45 days hospitalized, he was discharged.





CONCLUSION.

The most probable cause of arteriovenous colonic diseases develops in normal spasms of the intestine that cause a dilation of the blood vessels, this causes bleeding in the areas of the affected colon and can cause data of ischemia and necrosis, in most cases is associated with congenital disorders and its incidence is low.

