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Summary

WHERE'S WALLY? HARD TO FIND EASY TO TREAT – A RARE CAUSE OF SMALL BOWEL BLEEDING - ILEAL DIVERTICULOSIS COMPLICATED BY LOWER GASTROINTESTINAL BLEEDING

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Small Intestine & Nutrition

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An 80-year-old woman on aspirin presented with haematochezia from a bleeding ileal diverticulum, controlled endoscopically with adrenaline and clips after initial imaging and unprepared colonoscopy failed to identify the source.

KEY POINTS

- Initial colonoscopy without bowel preparation identified diverticular orifices in the sigmoid and blood throughout the colon and terminal ileum but no active bleeding site
- The patient developed haemodynamic instability during bowel preparation with haemoglobin drop to 5.5 gr/dL and metabolic acidosis, though CT angiography showed no active bleeding
- Repeat colonoscopy after bowel preparation revealed active low-debit bleeding from a diverticular orifice in the terminal ileum 3 cm above the ileocecal valve
- Combined endoscopic therapy with adrenaline injection and 2 TTS clips achieved haemostasis, and the patient was discharged on day 6 with aspirin restarted and no recurrent bleeding at follow-up
- The authors characterize ileal diverticulosis with lower gastrointestinal bleeding as a rare entity that poses diagnostic challenges and requires high clinical suspicion

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