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Summary

MANAGING REFRACTORY HEMORRHOIDAL BLEEDING IN A YOUNG PATIENT: A CLINICAL CHALLENGE, A MULTIDISCIPLINARY SOLUTION!

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Colorectal

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A 21-year-old male with refractory hemorrhoidal bleeding causing severe recurrent anemia was ultimately managed with superselective arterial embolization after conventional surgical therapies failed.

KEY POINTS

- The patient presented with profuse rectal bleeding from left internal hemorrhoids and severe anemia (Hb 7g/dL), initially treated with polidocanol foam sclerotherapy with temporary symptom relief.
- Recurrent bleeding after 4 months led to hemorrhoid artery ligation with recto-anal repair (HAL-RAR), but within 15 days the patient had three ER visits for bleeding, including one episode with syncope and Hb 6.4g/dL.
- During hospitalization, profuse bleeding with Hb nadir of 4g/dL prompted multidisciplinary consultation and conventional angiography with superselective embolization of right upper rectal arteries, which resolved symptoms and anemia.
- At 3-month follow-up, blood analysis showed normal hemoglobin (15g/dL) with only occasional rectal bleeding and examination findings of mucosal prolapse and mild residual hemorrhoids.
- The authors suggest this case illustrates the challenges of refractory hemorrhoidal disease in young patients and the potential role of minimally invasive interventional approaches in complex cases.

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