

TRANSCATHETER ANGIOGRAPHY AND VASCULAR EMBOLIZATION IN COLONIC DIVERTICULAR BLEEDING

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Poster

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A retrospective study of 50 patients with colonic diverticular bleeding who underwent transcatheter angiography found that successful transcatheter arterial embolization (TAE) significantly reduced early rebleeding within 30 days compared to unsuccessful TAE (13% vs. 60%, $P=0.001$).

KEY POINTS

- TAE was successfully performed in 30 of 50 patients (60%) who underwent transcatheter angiography for colonic diverticular bleeding; all unsuccessful cases were due to negative extravasation on angiography, with no technical failures.
- The rate of early rebleeding within 30 days was significantly lower in successful TAE cases compared to unsuccessful cases (13% vs. 60%, $P=0.001$).
- Time from hematochezia to angiography and CT extravasation rates did not differ significantly between successful and unsuccessful TAE groups.
- Common indications for angiography included rebleeding after colonoscopy (42%), shock vital signs (26%), and difficulty stopping bleeding endoscopically (8%).
- This material is most relevant for interventional radiologists and gastroenterologists managing acute lower gastrointestinal bleeding from diverticular disease.

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