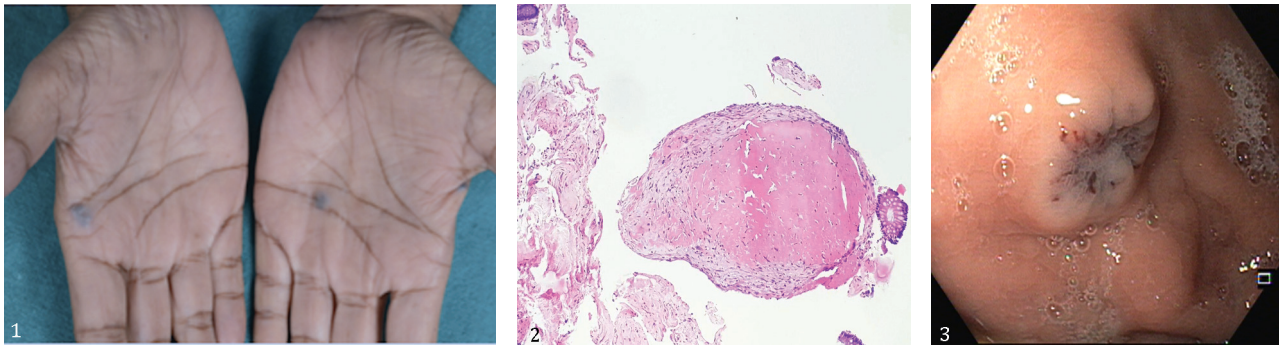


A Rare Vascular Disorder Causing Gastrointestinal Bleeding: Blue Rubber Bleb Nevus Syndrome

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A 46-year-old gentleman presented with a history of intermittent episodes of melena, exertional dyspnoea and weakness for 1 week. The patient had no prior comorbidities and was asymptomatic for years. On examination, his vital signs were stable, blood investigations revealed iron deficiency anaemia (IDA) (haemoglobin 6.7 g/dl, iron 24 mcg/dl, ferritin 8.2 ng/ml), with normal renal and liver function test. He underwent 2 units of blood transfusions. Clinical examination revealed presence of multiple soft, non-tender, bluish, rubbery, easily compressible lesions over the palm, sole and trunk (Fig. 1). The histology assessment of one of these vascular skin lesions revealed dilated vascular channels lined by single layer of endothelium, surrounded by thin connective tissue (Fig. 2). The patient underwent esophagogastroduodenoscopy (Fig. 3), colonoscopy and capsule endoscopy which were suggestive of multiple, non-bleeding, polypoidal, bluish, mucosal nodules (5-20 mm size), scattered throughout, suggestive of vascular ectasia. Based on clinical examination, histopathology and endoscopy, a clinical diagnosis of blue rubber bleb nevus syndrome was made. The options of endoscopic therapy of vascular lesions were discussed in a multi-disciplinary meeting, but the patient did not consent for endoscopic treatment. Moreover, he responded to conservative management (blood transfusions, iron supplements) and subsequently discharged. He is under the follow-up of gastroenterology and haematology departments since 1-year with no further bleeding episodes, with latest haemoglobin of 11.2 g/dl.

Blue rubber bleb nevus or Bean syndrome can manifest at any age with no gender predilection and usually presents with overt/occult gastrointestinal bleeding and/or IDA with characteristic skin lesions [1]. The diagnosis is usually clinical, based on clinical and endoscopic examination. The clinical manifestation depends heavily on extent of organ involvement (cutaneous 93%, gastrointestinal 72%) [2]. Apart of bleeding, rare gastrointestinal

complications include volvulus, intussusception, intestinal infarction, necessitating surgical management [3]. Treatment is usually aimed for symptomatic relief, with meticulous, multi-disciplinary follow-up to gauge the extent of involvement and severity of symptoms, to decide between conservative, endoscopic (endoscopic sclerotherapy, band ligation or photocoagulation) or surgical interventions for gastrointestinal lesions [4, 5].

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