

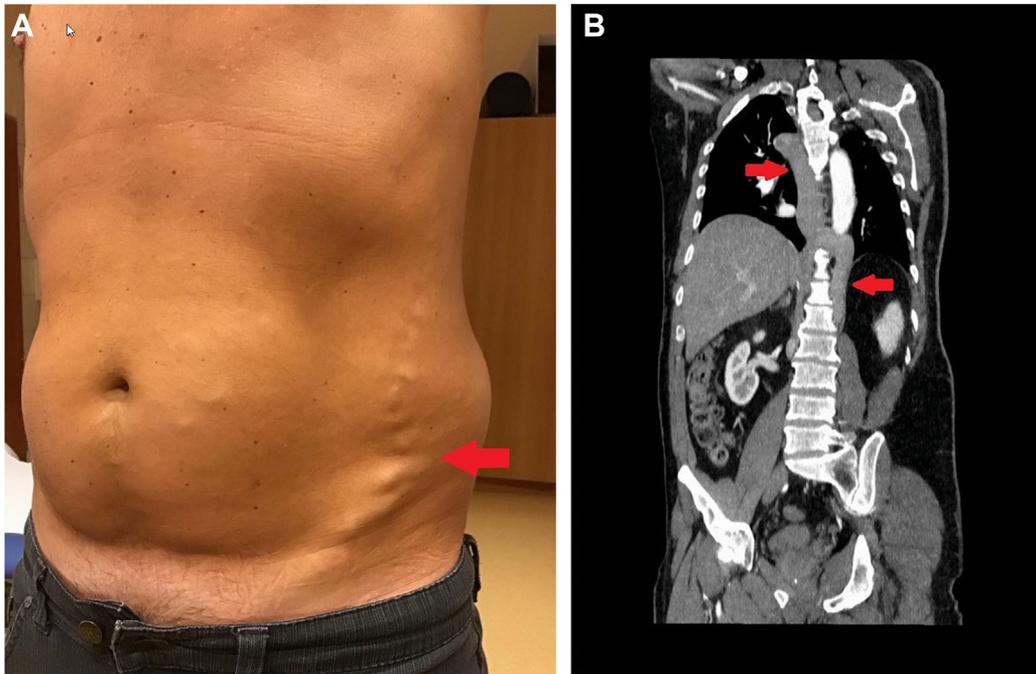
IMAGE OF THE MONTH

An Unusual Case of Rectal Bleeding

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A 60-year-old man presented at the emergency department with a history of prolapsed hemorrhoids and recurrent hematochezia.

The patient was in optimal cardiorespiratory condition and had no complaints till the anal bleeding and hemorrhoidal pain.

During physical examination, a “caput medusae”-like appearance of the inferior epigastric vein was noted (Figure A shows the inferior epigastric vein). On computed tomography scan of the abdomen, the aplasia of the inferior vena cava (IVC) could be displayed as well as the renal veins merging into an expanded azygos and hemiazygos veins (Figure B, the arrows show expanded azygos and hemiazygos).

In patients with aplasia of the IVC, the venous flow is directed through the azygos and hemiazygos, paravertebral, and abdominal wall veins. The venous hypertension causes increased blood flow via the perirectal hemorrhoidal collateral circulation. Congested mucosal and submucosal tissue can be seen on colonoscopic examination, increasing the risk of hematochezia, as shown in our patient.

Next to the rectal bleeding complications, the aplasia of the IVC can be the reason of unprovoked thromboembolisms. Due to the limited number of affected cases,

there exists no clear consensus regarding therapy. Lifelong anticoagulation is recommended to reduce the increased risk of thromboembolism.

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The corresponding author, on behalf of all authors, jointly and severally, certifies that their institution has approved the protocol for any investigation involving humans or animals and that all experimentation was conducted in conformity with ethical and humane principles of research.

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