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A case of lower digestive tract hemorrhage caused by appendicitis in China

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ABSTRACT

In this case, we report a case of lower digestive tract hemorrhage caused by appendicitis in China. An 46-year-old Chinese male was sent to China-Japan union Hospital of Jilin University with abdominal pain in 2015. The patient was diagnosed with anemia. In this report, the appendix of patient was excised by laparoscopic surgery. The patient's colonoscopy results showed patient could be seen a large number of dark red blood and fresh blood in the intestinal cavity. The patient's colon position found focal mucosal shedding, shallow ulcer formation. As last, the patient was successfully performed and reduced the patient's pain by laparoscopic surgery.

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1. Introduction

Ulcerative colitis is a common injury inflammatory disease of unknown cause [1]. Lesions are mainly confined to the colorectal mucosa and submucosal layer [2]. As present, colonoscopy is an important means of diagnosis and differential diagnosis [3]. It has diffuse distribution of fine particles, edema, erosion, congestion, shallow ulcers and other changes in the endoscope [4]. Chronic colitis began to reverse the upward expansion from the distal rectum [5]. There are 10% for the segmental distribution [5]. It is report that Ulcerative colitis may occur in the presence of ulcerative colitis associated with punctate erosive lesions around the appendix [6]. This jumping lesions are gradually being taken seriously. In this study, we report a case of lower digestive tract hemorrhage caused by appendicitis in China. At the same time, it is associated with diffuse inflammation of the left colon.

2. Presentation of case

Patient was forty-six years old. Male patient was admitted to the China-Japan union Hospital of Jilin University, who was due to black stool in 2015. Patients were treated with rectal abscess three times in 1994, >1995 and 2000, respectively. Red blood cell count was $3.90 \times 10^2/L$. Its hematocrit was 0.352 L/L in routine testing. Results of colonoscopy showed that there was no blood into colon.

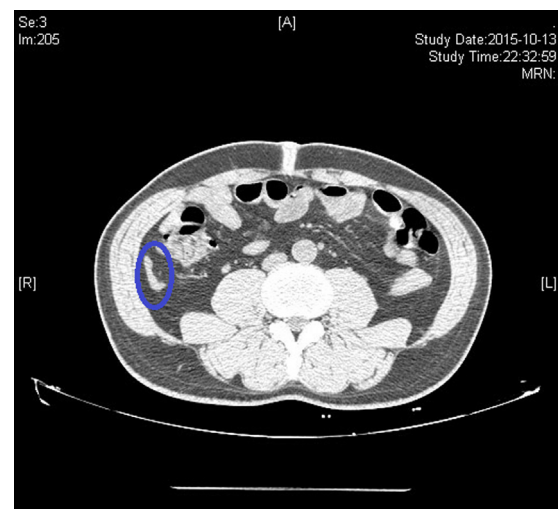


Fig. 1. CT results of appendix.

The cecum and appendix was openings and was no abnormalities. The patient's appendix was usually excised into the gastrointestinal surgery by laparoscopic surgery. The patient's colon was no pus, appendix congestion, swelling in the abdominal cavity. Its size was about 10 cm, and its diameter was about 0.8 cm (Fig. 1). In addition, patient could see fresh clots in colon (Fig. 2). The patient's congestive erosion could be seen in appendix blind mucosa.

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Fig. 2. Appendectomy.

3. Discussion

Factors of gastrointestinal bleeding includes colon diverticulum, vascular dysplasia, hemorrhoids, non steroidal anti-inflammatory drugs, colonic ischemia, inflammatory bowel disease, intestinal polyps, infectious colitis, ulcerative colitis, colon cancer [7]. It is an important cause of acute gastrointestinal bleeding, which is due to the frequent difficulty in its diagnosis. It is report that appendicitis bleeding includes diverticulitis, Crohn's disease, mucous cyst, aortic-venous fistula, ectopic uterine mucosa, vascular dysplasia, gastrointestinal stromal tumor and intestinal tuberculosis, appendix ulcer bleeding [8]. The appendix disease is lack of specificity in the clinical manifestations. Most cases of the appendix disease are found by colonoscopy. It is no significant ischemic point. The appendix disease can only see bleeding with the opening of the appendix. The case was the use of laparoscopic appendectomy. It was not only trauma, quick recovery, but also it removed the relevant diseases. Laparoscopic appendectomy was the best choice. The work has been reported in line with the SCARE criteria

4. Conclusion

In short, the aim was to provide a fast and comfortable treatment for patients suffering from this disease worldwide.

Competing interests

The authors have no conflicts of interests.

Ethical approval

This case has been informed by patients and their families.

Consent

Written informed consent was obtained from the patient for publication of this Case report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal. Patients and their families have been informed consent.

Authors' contributions

All authors read and approved the final manuscript.

Authors' information

Not applicable.

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