

Rectal Ischemia Status Post EVAR and COVID-19

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Introduction

Ischemic proctitis is a rare, serious source of GI bleeding as mortality rates approach 20-40%.

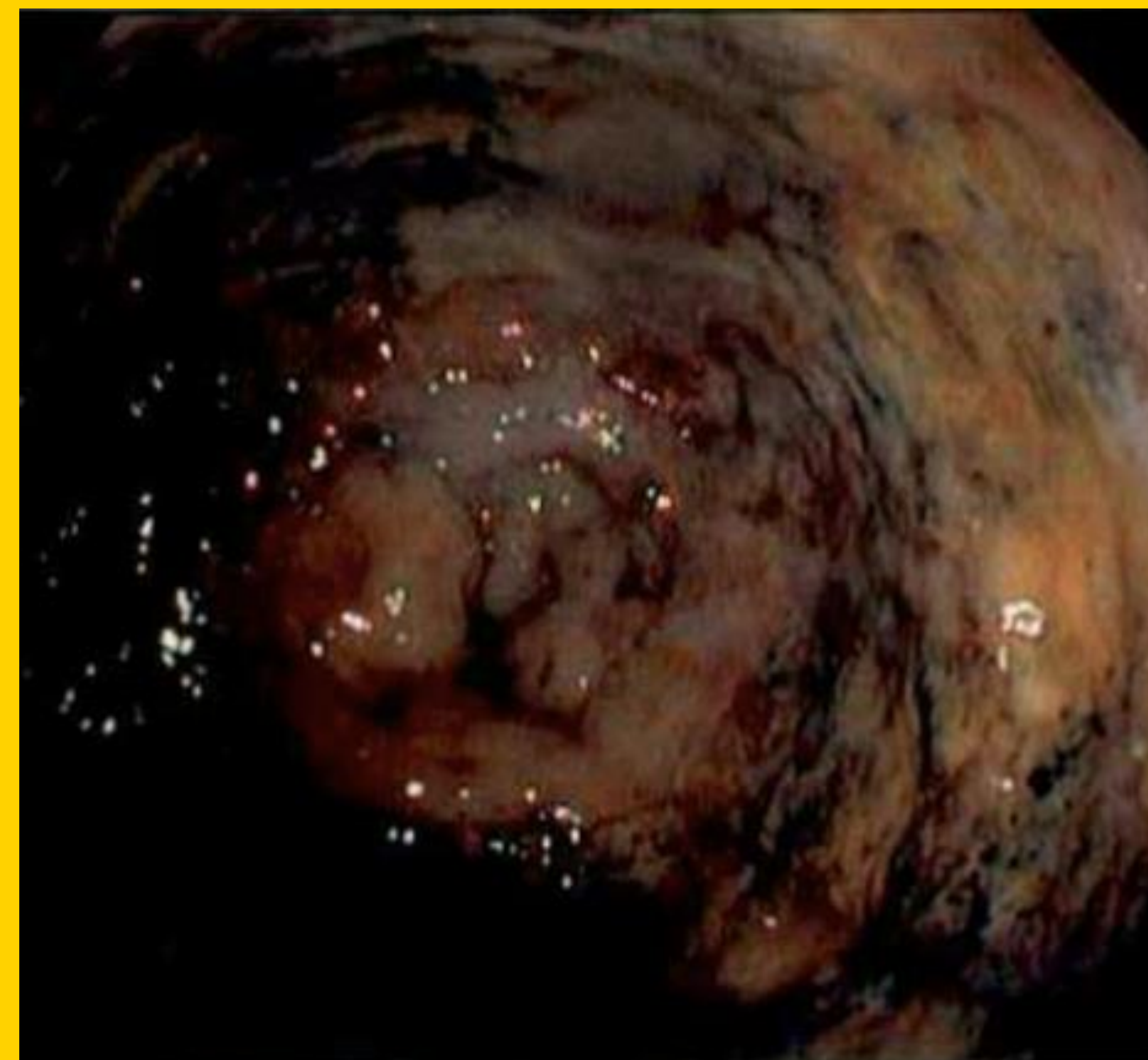
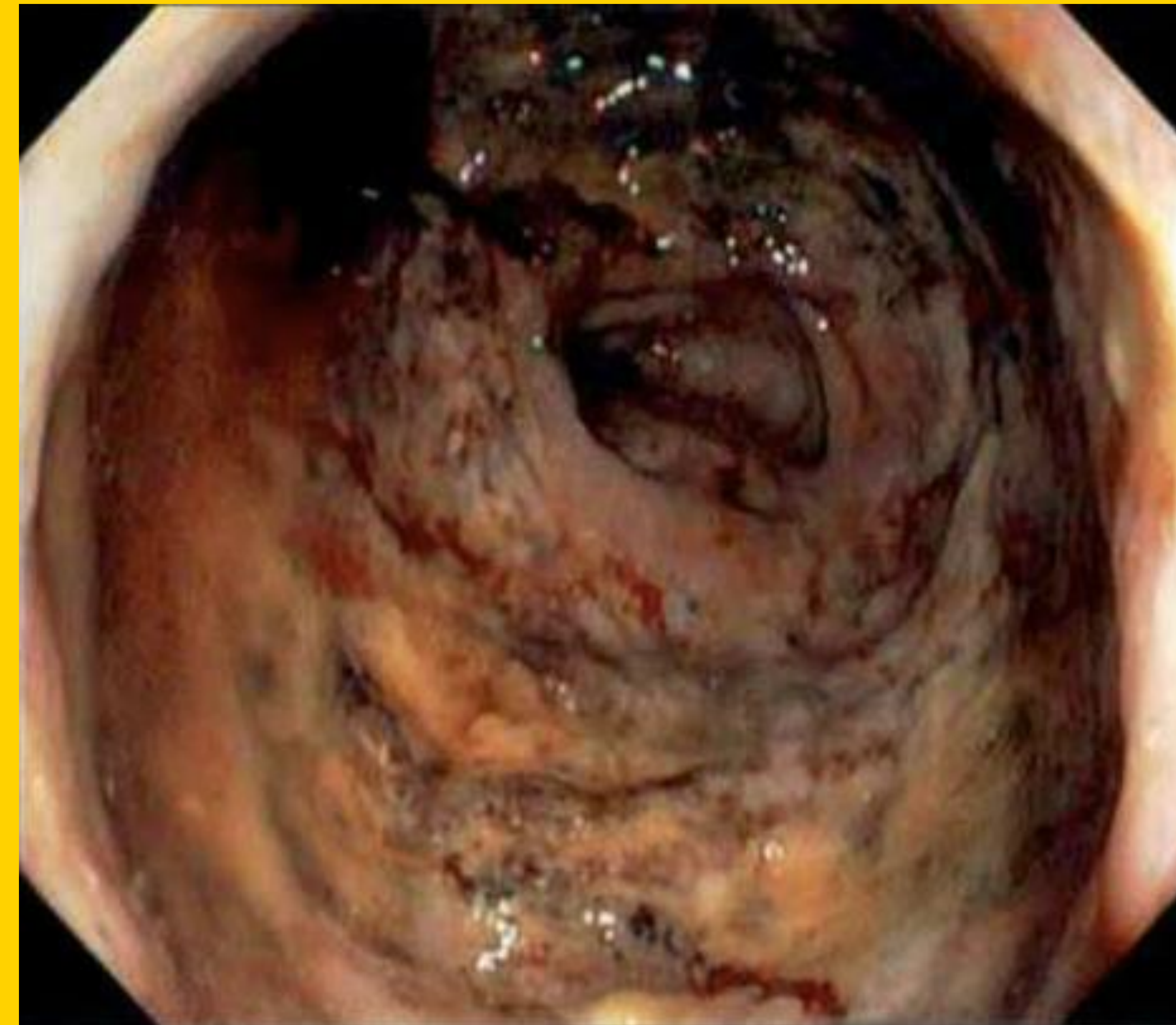
Patients for which ischemia should be considered are those with previous surgery, older patients and those with known peripheral arterial disease.

Case Details

80-year-old male with history of hyperlipidemia and hypertension presented to the hospital for shortness of breath secondary to COVID-19 pneumonia. His respiratory status continued to decline requiring mechanical ventilation and ICU admission. During his admission, he was found to have acute left lower extremity ischemia requiring stenting of his superficial femoral artery and abdominal endovascular aneurysm repair (EVAR). He then developed large volume maroon-colored stools concerning for lower GI bleed. Colonoscopy was performed at the bedside to further evaluate.

Colonoscopy revealed circumferential ulcerations with inflammation and exudate extending 10cm from the anal verge. Biopsies were consistent with rectal ischemia.

Unfortunately, soon after, the patient developed worsening acidosis requiring CVVHD and increased requirement for pressor support. The family ultimately decided to pursue comfort care and the patient was palliatively extubated.



Above: Two separate colonoscope images demonstrating ulcerations, inflammation and exudate consistent with rectal ischemia

Discussion

Our patient had undergone two vascular procedures during his stay for acute limb ischemia. These included replacement of his distal aorta and stenting of his left SFA. This procedure is known to compromise the IMA as a source of collateral blood supply to the rectum. However, the middle rectal arteries which originate from the internal iliac arteries represent a strong source of collateral blood supply. In our patient with severe peripheral arterial disease, this blood supply was insufficient, leading to ischemia of the distal rectum.

Rectal ischemia is often an indication for prompt surgical intervention of necrotic bowel to prevent septic shock and death.

