## **Lower GI bleeds**

Author: Yan Yu Reviewers: Jason Baserman Jennifer Au Kerri Novak\* Indicates faculty member at time of publication

that occur anywhere distal to the ligament of Treitz \* Indicates faculty member at time of publication (transition between duodenum and jejunum) Ligament of Treitz How do the 5 "Risk factors for lower GI bleeds" actually cause Lower GI Bleeding? 1. Family history of 5. Prior lower 2. Liver cirrhosis 3. Blood clotting defect 4. NSAIDs colorectal cancer (CRC) GI bleeds (genetic disorder, ASA use) Patient is at ↑ Damaged liver  $\downarrow$  synthesis of  $\downarrow$  Prostaglandin risk for CRC tissue restricts blood clotting synthesis (systemically) bloodflow factors (i.e. Epithelium of through liver fibrinogen) If pt develops CRC, the lower GI  $\downarrow$  Epithelial malignant tissue invasion tract is unstable protection along  $\downarrow$  clotting ability of the colon wall could Portal hypertension of the blood entire GI tract disrupt blood vessels (high blood causing bleeding pressure in the veins Large spleen running from the GI sequesters Makes GI tract lining ↑ Risk for lower tract to the liver) platelets more likely to bleed GI bleeds Splenomegaly: Esophageal Rectal blood backing varices varices up into spleen, enlarges spleen If bleeding is severe, the Ask the patients about these 5 transit of blood through risk factors when they present the GI tract can be rapid with a lower GI bleed! Can bleed; Hematochezia but are rare (bright red blood per rectum)

Lower GI Bleeds are intra-luminal GI tract bleeds

Legend:

= pathophysiology

= mechanism = sign/s

= sign/symptom/lab finding

= complications



## **Diverticulosis and Angiodysplasia:**





Author: