Solitary cecal ulceration causing hematochezia

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Description
A 62-year-old male with a past medical history including morbid obesity, diabetes, and prior diverticulosis, presented with 3 episodes bright red blood per rectum. He denied any weight loss, fevers, chills, nausea or vomiting. He was taking 81 mg of aspirin daily but no other nonsteroidal anti-inflammatory medication, blood thinner or anticoagulant. He had no family history of inflammatory bowel disease or cancer. His hematocrit fell from 36.9 to 30.8. He had a colonoscopy which showed a large solitary cecal ulceration encompassing the majority of the cecum (Figure 1A). Biopsies showed active inflammation but no chronic changes. In follow-up colonoscopies, the previously noted cecal ulcer had completely healed (Figure 1B,C). In over 4 years of follow-up since then, he has not had a recurrence of the cecal ulcer.

Figure 1. A) Large cecal ulceration; B) healed ulcer at ileo-cecal valve; C) healed cecal ulcer.