

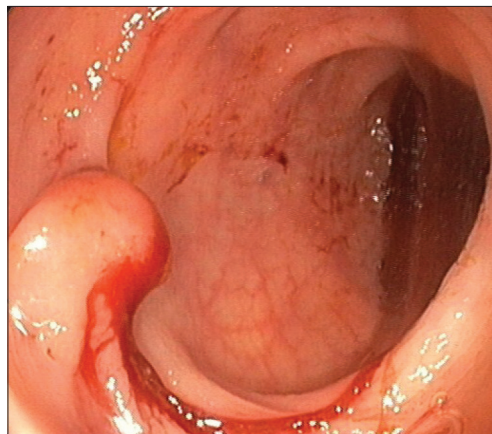
## Acute lower gastrointestinal bleeding from a polyp

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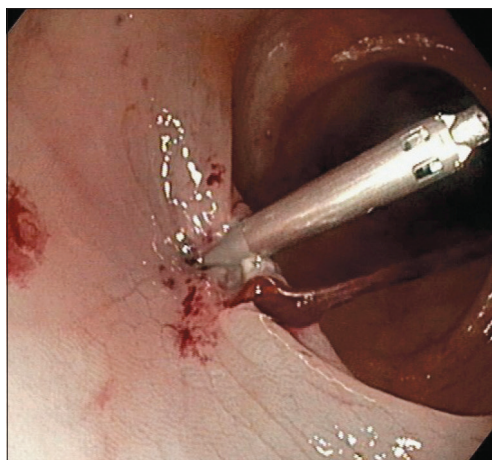
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A 50-year-old woman was admitted to our institution because of a pertrochanteric fracture in her right hip to place a femoral nail. Orthopedic surgeons prescribed metamizol 1 g t.i.d. plus paracetamol 1 g t.i.d., both intravenously, as analgesics. One week after surgery she started having hematochezia and her hemoglobin dropped from 12 to 7.7 g/dL. She underwent an urgent gastroscopy (normal) and a colonoscopy, which revealed active bleeding from a sessile polyp (10 mm in diameter), located 30 cm from the anal margin (Fig. 1). At this stage we performed a snare polypectomy after submucosal injection of saline plus adrenaline and finally we performed a prophylactic clipping of the resection site (Fig. 2). Histology demonstrated a tubular adenoma with low-grade dysplasia.

Polyps typically result in chronic blood loss and are the source of acute lower gastrointestinal bleeding in only a small percentage of patients [1]. Risk factors for bleeding include polyp size greater than 10 mm, presence of a stalk, and cherry-red color [2]; associated histopathological findings include marked vascular congestion and intramucosal lakes of blood [3]. While clinically relevant, bleeding occurs in 1-6% of patients undergoing colonoscopic polypectomy.



**Figure 1** Adenomatous polyp with active bleeding



**Figure 2** Hemoclip placed after polypectomy

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