Radiologic Management of Lower Gastrointestinal Tract Bleeding

Lower gastrointestinal tract bleeding (GIB) is bleeding into the large or small intestine beyond the ligament of Treitz (tissue separating the upper from lower gastrointestinal tract). Symptoms of lower GIB are melena (black or dark stool) and hematochezia (fresh blood in the stool).

For individuals who are hemodynamically stable (stable vital signs such as blood pressure and pulse rate) with melena or hematochezia, CT angiography (CTA) of the abdomen and pelvis without and with intravenous (IV) contrast (CT scan of the arteries), colonoscopy, and red blood cell scan abdomen/pelvis (IV radioactive tracer injected) are usually appropriate. Transcatheter arteriography and embolization (catheter-based artery scan and stoppage of bleeding) may be appropriate.

For hemodynamically unstable individuals or people who needed more than 5 units of blood within 24 hours, CTA of the abdomen and pelvis without and with IV contrast and transcatheter arteriography or embolization are usually appropriate. Colonoscopy or surgery may be appropriate.

For ongoing or recurrent bleeding after colonoscopy and attempted treatment of localized bleeding, transcatheter arteriography and embolization is usually appropriate. CTA of the abdomen and pelvis without or with IV contrast, repeat colonoscopy, or surgery may be appropriate.

For ongoing or recurrent bleeding after transcatheter arteriography localized the bleeding and treatment was attempted, but no other radiologic or endoscopic investigations were performed, colonoscopy is usually appropriate. CTA of the abdomen and pelvis without or with IV contrast, surgery, or repeat transcatheter arteriography or embolization may be appropriate.

For nonlocalized recurrent bleeding and hemodynamically stable individuals, capsule endoscopy (using an ingestible pill camera) and CT enterography of the abdomen and pelvis with IV and oral contrast are usually appropriate. MR enterography, push enteroscopy (using a long endoscope), or red blood cell scan of the abdomen and pelvis with or without singlephoton emission CT or single-photon emission CT/CT (using a specialized camera providing anatomically detailed images) may be appropriate.

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