

*RICE 2021 | XIX Reunião Ibérica de Cápsula Endoscópica e Enteroscopia*

*XIX Reunión Ibérica de Cápsula Endoscópica y Enteroscopia*

# **Congenital Diaphragmatic Defects: a challenge to digestive endoscopy**

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**85-year-old**

**Anamnesis:**

- Admitted to the emergency department with a **one-week history of hematochezia**.
- Denied previous episodes of overt gastrointestinal bleeding.

**Past medical conditions:**

- Large Bochdalek containing the ascending colon
- Atrial fibrillation
- Peripheral arterial disease

**Relevant medical prescriptions:**

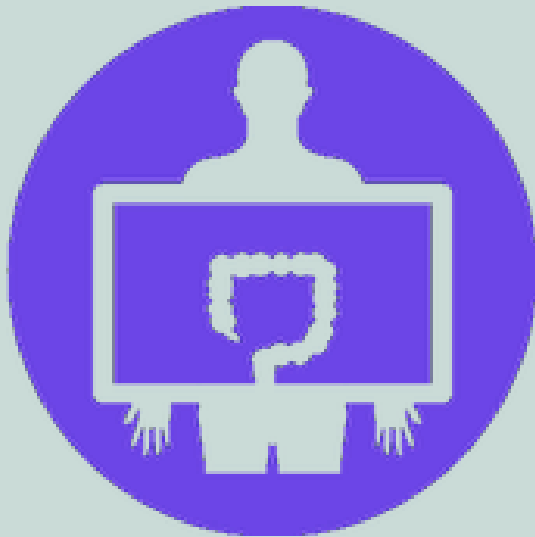
- Acetylsalicylic acid
- Warfarin.

**Physical examination:** unremarkable.

**Laboratory study:** hypochromic microcytic anemia.



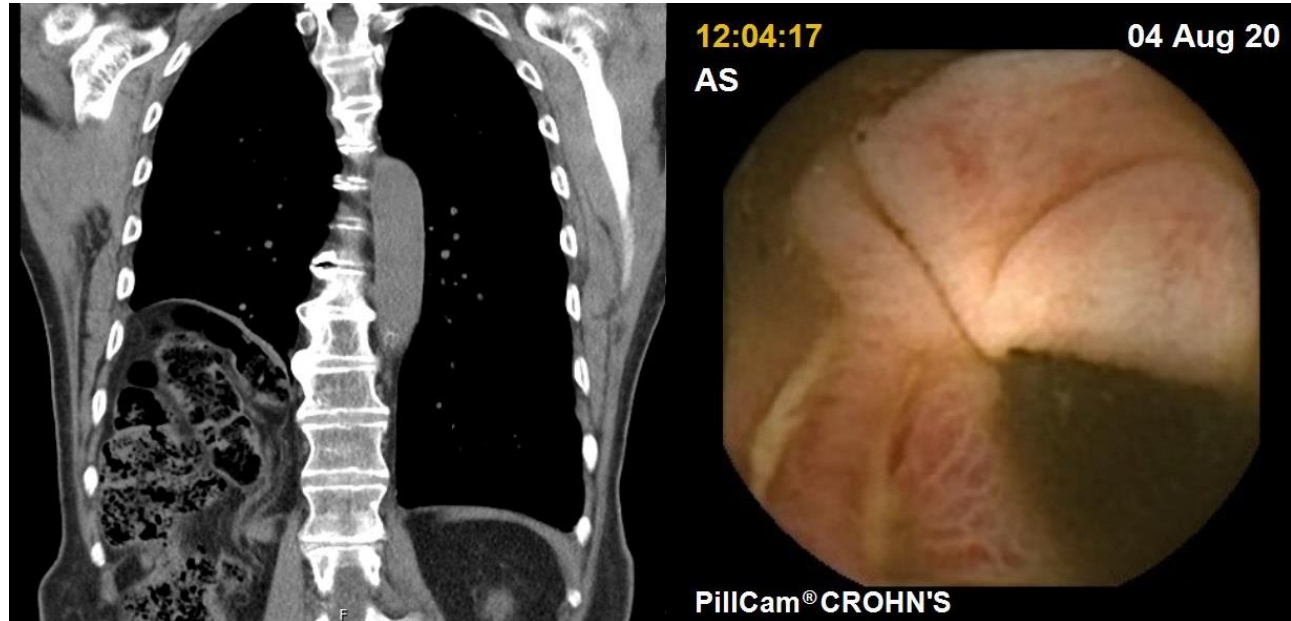
**Blood  
transfusion**



- **Colonoscopy with no sedation:**
  - progression only to the transverse colon, due to recurrent loop formation.
- **A second colonoscopy attempt with deep sedation and using a single-balloon assisted enteroscope:**
  - fresh blood, with no identification of a potential bleeding source.
  - no further progression beyond the hepatic flexure due to recurrent loop formation
- **Upper endoscopy:**
  - negative



- **Pan-enteric capsule endoscopy (CE):**
  - congested mucosal surface, with erosions and small linear ulcers, on the right (herniated) colon, with no signs of active bleeding.





- The patient remained hemodynamically stable and presented no further gastrointestinal bleeding episodes
  - Discharged 3 days later, with **no antiplatelet therapy and switching warfarin to apixaban.**
- 1 month later: **asymptomatic and without anemia**
- Due to his age and clinical stability, it was decided not to perform surgical correction of the BH