

## ◆ IMAGEN DEL NÚMERO

*Invitamos a los lectores de Acta a que envíen casos con interés clínico o diagnóstico para su publicación en esta sección.*

# An unusual cause of persistent gastrointestinal bleeding

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A 67-year-old woman sought medical attention for gastrointestinal bleeding, hematemesis and melena for 2 days. She underwent an upper endoscopy which revealed Mallory-Weiss tears and hemostasis with adrenaline solution was performed. Lowering of hematocrit persisted and then she underwent colonoscopy, which revealed diverticular disease in left colon without active bleeding. She underwent a second upper endoscopy, which disclosed an ulcer at the site of previous hemostasis. However, there was no active bleeding at that moment. Since hematocrit kept lowering, she received a blood transfusion during hospitalization, before performing an additional diagnostic test. An abdominal CT scan (Figure 1) was performed. Three days after admission, since patient presented abdominal pain herewith persistent GI bleeding, based on the findings of CT scan, she underwent laparotomy.

**Figura 1.** Abdominal CT scan.



What is the diagnosis?

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