

Clinical-Medical Image

## A Rare Case of Upper Gastrointestinal Bleeding: Osler-Weber-Rendu Syndrome

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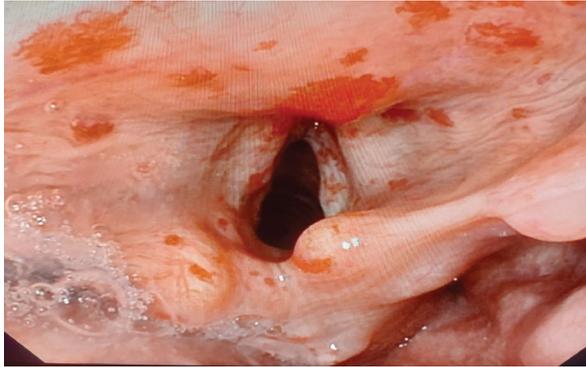


Figure 1: Telangiectasia lesion located in the larynx.



Figure 2: Telangiectasia located in the fundus.



Figure 3: Telangiectasia located in the gastric antrum.

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A 65-year-old man, with no significant pathological history, was admitted for upper gastrointestinal bleeding, epistaxis and acute anemia. Clinical examination showed melena on rectal examination. The complete blood count showed an iron deficiency anaemia at 6 g/dl which required a transfusion followed by an iron infusion. Urgent upper gastrointestinal endoscopy revealed multiple and diffuse Telangiectasias lesions located in the larynx, esophagus, entire stomach, and duodenum (Figures 1-3) suggestive of Osler-Weber-Rendu disease. Argon plasma coagulation was performed on lesions with active bleeding during the same endoscopy. The patient was also treated with a proton pump inhibitor with a good clinical and biological evolution.

Osler-Weber-Rendu disease, also known as hereditary hemorrhagic telangiectasia, is a rare, autosomal dominant condition causing abnormal blood vessel formation (arterio-venous malformations) [1]. The most common manifestation is nose bleeds (epistaxis). The telangiectasias can also be located on the lips, tongue, buccal mucosa, face, chest, and fingers, however; large arterio-venous malformations can also occur in the lungs, liver, pancreas, or brain [2]. When telangiectasias are found in the stomach and small bowel, they are responsible for chronic bleeding and anemia. Arteriovenous malformations can develop in the hepatic parenchyma and be responsible for a portal hypertension syndrome with risk

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of rupture of the esophageal varices [2]. The gastroenterologist has an important role in the detection and treatment of telangiectasias lesions in the gastrointestinal tract.

**Keywords:** Osler-Weber-Rendu syndrome; Telangiectasia; Gastrointestinal bleeding

#### **References**

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