Summary/learning points

- the Dieulafoy lesion is an abnormal bleeding vessel in normal gastric mucosa
- a similar lesion is described as a cause of fresh rectal bleeding
- use of an anal retractor in rectal bleeding may demonstrate such a lesion and prevent a major laparotomy

recommended at an early stage for younger patients, and for older patients after non-diagnostic angiography (62 of 131 patients had a negative angiogram).² Other studies have shown that the incidence of angiodysplasia and diverticular disease is approximately equal as a cause of massive lower gastrointestinal bleeding in the elderly. The majority of angiodysplastic lesions are right-sided⁵⁻⁷ and bleeding from diverticula is as likely to be from

the right side as the left.⁸⁻¹¹ It has therefore been suggested that a blind right hemicolectomy should be the segmental procedure of choice in massive bleeding of unknown aetiology.¹² Others have suggested more aggressive surgery because of the high re-bleeding rate (in the region of 65%) after blind segmental resection.¹³ Although these studies show that such procedures can be performed with an acceptable mortality rate, clearly an actively bleeding rectal lesion will be inadequately treated by either of these recommended options, in addition to exposing the patients to the hazards of a major operation in an unstable condition.

We would suggest that, in patients requiring surgery as a result of a fresh rectal bleeding, a thorough rectal examination with an anal retractor rather than a sigmoidoscope is mandatory, since it may spare the patient from an unnecessary major laparotomy.

- 1 Athanasoulis CA, Galdabini JJ, Waltman AC, Novelline RA, Greenfield AJ, Ezpeleta ML. Angiodysplasia of the colon: a cause of rectal bleeding. *Cardiovasc Radiol* 1977; 1: 3-13.
- 2 Thompson JN, Salem RR, Hemingway AP, et al. Specialist investigation of obscure gastrointestinal bleeding. *Gut* 1987; 28: 47-51.
- 3 Winzelberg GG, McKusick KA, Froelich JW, Callahan RJ, Strauss HW. Detection of gastrointestinal bleeding with 99mTc-labeled red blood. *Semin Nucl Med* 1982; 12: 139-46.
- 4 Arora A, Mehrotra R, Patnaik PK, Pande G, Ahlawat S, Bhargava DK. Dieulafoy's lesion: a rare cause of massive upper gastrointestinal bleeding. *Trop Gastroenterol* 1991; 12: 25-30.
- 5 Boley S, DiBiase A, Brandt L, Sammartano R. Lower intestinal bleeding in the elderly. *Am J Surg* 1979; 137: 57-64.
- 6 Casarella WJ, Galloway SJ, Taxin RN, Follett DA, Pollock EJ, Seaman WB. 'Lower' gastrointestinal tract hemorrhage: new concepts based on arteriography. *AJR* 1974; 121: 357-68.
- 7 Miller K, Tutton R, Bell K, Simon B. Angiodysplasia of the colon. *Radiology* 1979; 132: 209-13.
- 8 Earley C. The management of massive hemorrhage from diverticular disease of the colon. *Surg Gynecol Obstet* 1959; 108: 49.
- 9 Klein R, Gallagher D. Massive colonic bleeding from diverticular disease. *Am J Surg* 1969; 118: 553.
- 10 McGuire H, Haynes B. Massive hemorrhage from diverticulosis of the colon: guidelines for therapy based on bleeding patterns observed in 50 cases. *Ann Surg* 1972; 178: 847.
- 11 Quinn W. Gross hemorrhage from presumed gross diverticular disease of the colon: results of treatment in 103 patients. *Ann Surg* 1961; 153: 851.
- 12 Brasfield R. Empiric right colectomy for massive gastrointestinal bleeding. *Arch Surg* 1961; 83: 247.
- 13 Drapanas T, Pennington G, Kappelman M, Lindsey ES. Emergency subtotal colectomy: preferred approach to management of massively bleeding diverticular disease. *Ann Surg* 1973; 177: 519-26.

Medical Anniversary

SIGMUND FREUD, 6 MAY 1856

Sigmund Freud (1856-1939) was born in Freiburg, Moravia, son of a wool merchant. He studied medicine in Vienna and became a neurologist at Vienna General Hospital. He studied with Charcot in Paris and became a dedicated psychiatrist with a reputation for the management of hysteria, infantile sexuality, the interpretation of dreams, and eventually Freudian psychoanalysis. As a result of Nazi oppression, he fled to London. He died in his home in Hampstead which is now a museum to his memory.

In 1884 he showed the value of cocaine as a local anaesthetic in ophthalmology. This fact led to Halsted's addiction to drugs. — DG James