From: "ROOT" <root@sctimst.ac.in>
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Date: 09/07/2026 08:45 AM
Subject: Invitation for CGR

Greetings from AIIMS, Rishikesh !!

The next CGR will be held on July 7, 2026, in the CPD Hall, AIIMS Rishikesh, from **8:00 AM to 9:00 AM.** You can join online through the following link:

Meeting link:
https://aiimsrishikesh.webex.com/aiimsrishikesh/j.php?MTID=m89fb488ff7e7eb975a1672e2bf859c43
Tuesday, July 7, 2026, 8:00 AM | (UTC+05:30) Chennai, Kolkata, Mumbai, New Delhi

Meeting number: 2515 485 0122
Meeting password: 070726

Thanks & Regards,
Regional Resource Centre
Dept of Telemedicine
AIIMS Rishikesh

Student CPC
(Department of Geriatric Medicine)

Case Discussion: Obscure Gastrointestinal Bleeding due to Jejunal Angiodysplasia

Patient Name	Age/Sex	UHID
Mrs X	61 years/F	20250091676

Presenting Problem / Diagnosis

A 61-year-old female with systemic hypertension presented with recurrent transfusion-dependent anaemia and easy fatigability for 2.5 years. Initial upper GI endoscopy, colonoscopy and capsule endoscopy were unrevealing. Re-evaluation at AIIMS identified jejunal angiodysplasia on CT angiography, successfully treated with super-selective embolisation.

Background

Comorbidities	Systemic hypertension ×3 years
Chief complaint	Easy fatigability ×2.5 years
Initial evaluation	Multiple PRBC transfusions; UGIE, colonoscopy and capsule endoscopy normal
Admission findings	Severe pallor; haemodynamically stable
Geriatric assessment	Very mild frailty, sarcopenia, risk of malnutrition and falls

Key Investigations

- Hb 7.6 g/dL (microcytic hypochromic)
- Stool occult blood later positive.
- Bone marrow: Normocellular marrow with trilineage haematopoiesis.
- Repeat UGIE & Colonoscopy: Normal.

• CT angiography abdomen: Jejunal angiodysplasia.
• Iron, B12, folate and thyroid profile not suggestive of nutritional/endocrine cause.

Hospital Course

Persistent transfusion-dependent anaemia despite negative conventional endoscopy prompted repeat evaluation. CT angiography localised a jejunal vascular malformation. Interventional Radiology performed super-selective embolisation of a jejunal branch of the SMA. Post-procedure abdominal pain was evaluated with repeat CT to exclude bowel ischaemia; managed conservatively with complete recovery.

Final Diagnosis

• Severe anaemia secondary to jejunal angiodysplasia (post super-selective embolisation)
• Systemic hypertension
• Sarcopenia
• At risk of malnutrition
• At risk of falls

Discharge Plan & Follow-up

• Successful embolisation with no further evidence of active GI bleeding.
• Amlodipine and salt restriction for hypertension.
• High-protein/high-calorie diet with resistance, aerobic and balance exercises.
• Follow-up showed symptomatic improvement with haemoglobin improving from 9.4 to 10.4 g/dL and no further transfusion requirement.