

Angiodysplasia

A Practical Guide For Patients



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Introduction: Angiodysplasia

Angiodysplasia is a condition characterized by **abnormal, fragile blood vessels in the gastrointestinal (GI) tract**, most commonly in the colon. These dilated vessels can become prone to **bleeding, especially in older adults**, and are a significant cause of unexplained lower GI bleeding. The exact cause is not fully understood, but it is often associated with **age-related degeneration of blood vessels and intermittent obstruction of submucosal veins**. Patients may experience **occult blood loss, anemia, fatigue, or visible rectal bleeding**. Diagnosis is typically made through **colonoscopy, endoscopy, or imaging studies**. Treatment depends on severity and may include endoscopic coagulation, medications, or in severe cases, surgical intervention to control bleeding and prevent recurrence.

Key Takeaways

- Angiodysplasia is caused by abnormal, fragile blood vessels in the GI tract.
- It most commonly affects the colon in older adults.
- It is a major cause of unexplained gastrointestinal bleeding.
- The exact cause is unclear but linked to age-related vascular degeneration.
- Symptoms may include rectal bleeding or occult blood loss.
- Chronic bleeding can lead to iron-deficiency anemia and fatigue.
- Diagnosis is made using colonoscopy or endoscopic evaluation.
- Imaging may help identify bleeding sources in difficult cases.
- Some cases are discovered incidentally without symptoms.
- Treatment includes endoscopic coagulation or cauterization.

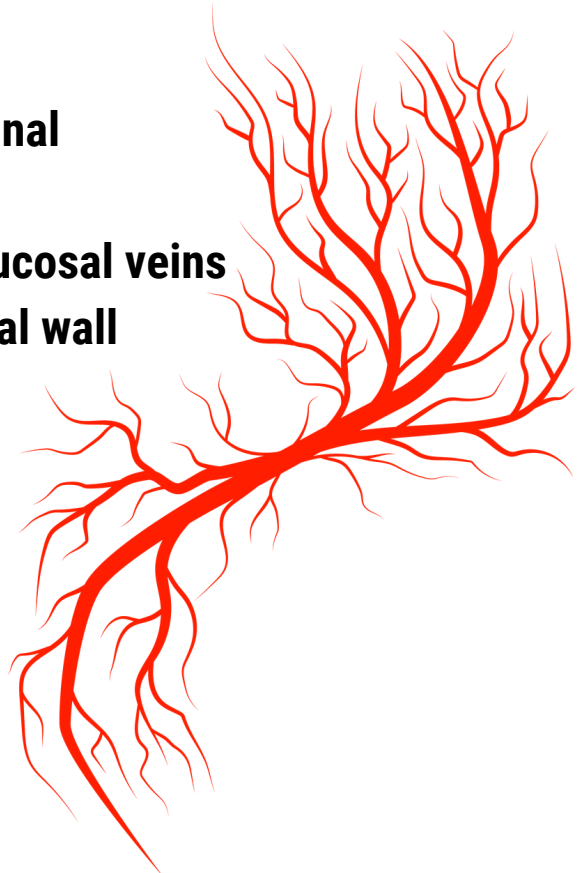


What Causes Angiodysplasia?

Known Causes:

Angiodysplasia is caused by abnormal dilation and fragility of blood vessels in the gastrointestinal tract, most commonly the colon. It is primarily associated with age-related degeneration of submucosal blood vessels, leading to intermittent obstruction and chronic venous pressure changes. Over time, these changes result in thin-walled, fragile vessels that are prone to bleeding. Additional contributing factors may include chronic low-grade hypoxia of the intestinal wall, aortic stenosis (Heyde's syndrome), and cardiovascular disease. Although the exact mechanism is not fully understood, aging remains the strongest risk factor. These fragile vessels can rupture easily, causing occult or overt gastrointestinal bleeding and anemia.

- **Age-related degeneration of gastrointestinal blood vessels**
- **Chronic intermittent obstruction of submucosal veins**
- **Increased venous pressure in the intestinal wall**
- **Reduced blood flow or low-grade intestinal hypoxia**
- **Association with cardiovascular conditions like aortic stenosis**
- **Fragility of dilated blood vessels leading to malformation**
- **Unknown exact cause in many cases**



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Common Signs & Symptoms

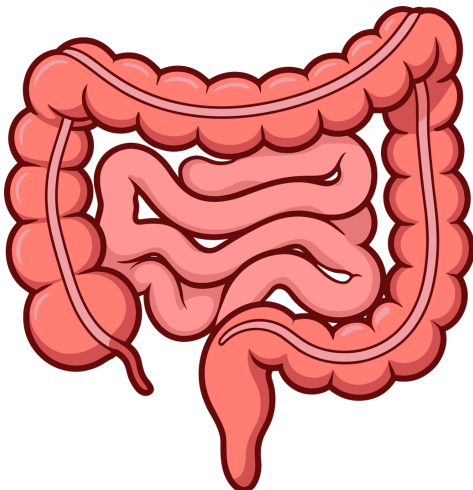
Common signs of angiodysplasia include **intermittent rectal bleeding, dark or bloody stools, iron-deficiency anemia, fatigue, and weakness**. Some patients may have occult bleeding detected only on tests, while others remain asymptomatic until significant blood loss occurs.

Core Symptoms Include:

- Intermittent rectal bleeding
- Dark or tarry stools (melena)
- Iron-deficiency anemia
- Fatigue and generalized weakness due to chronic blood loss
- Occult gastrointestinal bleeding detected on laboratory tests



Severe cases can also cause:



- Severe or recurrent gastrointestinal bleeding
- Significant iron-deficiency anemia requiring transfusions
- Hemodynamic instability in acute bleeding
- Chronic fatigue and reduced quality of life due to blood loss
- Rarely, life-threatening hemorrhage requiring emergency intervention



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Angiodysplasia is diagnosed using **colonoscopy or upper endoscopy to directly visualize abnormal vessels**. Additional tests include **capsule endoscopy, CT angiography, blood tests for anemia, and tagged red blood cell scans** to locate active or occult gastrointestinal bleeding.

Diagnostic Tools:

- **Colonoscopy:** Direct visualization and possible treatment of bleeding lesions.
- **Upper GI endoscopy (EGD):** Evaluates upper gastrointestinal tract for vascular lesions.
- **Capsule endoscopy:** Detects small bowel angiodysplasia not seen on standard scopes.
- **CT angiography:** Identifies active bleeding and vascular abnormalities.
- **Conventional angiography:** Localizes and sometimes treats active bleeding vessels.
- **Tagged red blood cell scan:** Detects intermittent or slow gastrointestinal bleeding.
- **Complete blood count (CBC):** Assesses anemia and blood loss severity.
- **Iron studies:** Evaluate iron-deficiency anemia.
- **Fecal occult blood test (FOBT):** Detects hidden gastrointestinal bleeding.
- **Coagulation profile:** Rules out bleeding disorders.
- **MRI angiography (MRA):** Non-invasive vascular imaging alternative.



Diet for angiodysplasia focuses on **iron-rich foods and balanced nutrition** to manage anemia from chronic blood loss. Include leafy greens, lean meats, and legumes, while maintaining hydration and avoiding foods that may worsen gastrointestinal irritation.

Key Insights:

- Diet supports but does not cure angiodysplasia-related bleeding.
- Focus on iron-rich foods to manage chronic blood loss.
- Include red meat, leafy greens, beans, and fortified grains.
- Pair iron-rich foods with vitamin C for better absorption.
- Avoid excessive tea or coffee that can reduce iron absorption.
- Maintain a balanced, nutrient-dense diet for overall recovery.
- Stay well-hydrated to support circulation and health.
- Eat small, frequent meals if fatigue or weakness is present.
- Monitor for signs of worsening anemia such as fatigue or dizziness.
- Oral or IV iron supplementation may be required in severe cases.
- Avoid restrictive diets that may worsen nutritional deficiencies.
- Regular follow-up helps track iron levels and dietary effectiveness.



Medications & Treatment Options

Treatment of angiodysplasia focuses on **controlling bleeding and correcting anemia**. Options include **iron supplementation, blood transfusions, endoscopic coagulation (argon plasma therapy), and medications to reduce bleeding risk**, with surgery reserved for severe or recurrent cases.

Treatment Options

- **Endoscopic coagulation (argon plasma therapy):** Seals bleeding vessels.
- **Endoscopic cauterization:** Uses heat to stop active bleeding.
- **Hemoclip placement:** Mechanical closure of bleeding lesions.
- **Argon plasma coagulation (APC): Minimally invasive vessel ablation.**
- **Iron supplementation:** Treats iron-deficiency anemia from chronic blood loss.
- **Blood transfusions:** For severe or acute anemia.
- **Vasoconstrictive medications (e.g., octreotide):** Reduce bleeding in recurrent cases.
- **Angiographic embolization:** Blocks bleeding vessels in active hemorrhage.
- **Surgical resection:** Removes affected bowel segment in severe cases.
- **Supportive care:** Hydration, monitoring, and symptom management.
- **Treatment of underlying conditions:** Such as aortic stenosis or cardiovascular disease.
- **Regular surveillance:** Monitoring for recurrence or new lesions.



Advanced Therapies & Procedures

Advanced therapies for angiodysplasia include **endoscopic argon plasma coagulation, angiographic embolization, and surgical resection** for severe or recurrent bleeding. These procedures aim to control hemorrhage, prevent recurrence, and stabilize patients with significant gastrointestinal blood loss.

Therapy Options:

- **Endoscopic argon plasma coagulation (APC):** Seals bleeding vessels using ionized gas.
- **Endoscopic cauterization:** Uses heat to control active bleeding.
- **Hemoclip placement:** Mechanically closes bleeding lesions.
- **Angiographic embolization:** Blocks abnormal blood vessels causing bleeding.
- **Iron replacement therapy:** Treats chronic iron-deficiency anemia.
- **Blood transfusions:** Used in severe anemia or acute blood loss.
- **Octreotide therapy:** Reduces splanchnic blood flow and bleeding risk.
- **Hormonal therapy (rare use):** May reduce recurrent bleeding in select cases.
- **Surgical resection:** Removes affected bowel segment in refractory cases.
- **Supportive care:** Hydration, monitoring, and symptom control.
- **Treatment of underlying Conditions:** Such as cardiac disease or aortic stenosis.
- **Regular follow-up and surveillance:** Prevents recurrence and monitors anemia.



Coping With Angiodysplasia

Coping with angiodysplasia involves **managing anemia through iron therapy, following prescribed treatments, and monitoring for bleeding symptoms.** Regular medical follow-up, a nutrient-rich diet, and prompt reporting of fatigue or rectal bleeding help improve outcomes and quality of life.

Practical Strategies

- Follow all prescribed treatments and endoscopic procedures.
- Take iron supplements regularly as directed.
- Maintain a diet rich in iron and vitamin C.
- Stay well-hydrated to support circulation and recovery.
- Monitor for signs of bleeding such as dark stools or fatigue.
- Report dizziness, weakness, or worsening anemia promptly.
- Attend regular follow-up appointments and blood tests.
- Avoid NSAIDs and blood-thinning medications unless advised.
- Eat balanced meals to maintain energy levels.
- Rest adequately during episodes of fatigue or anemia.
- Follow treatment plans for underlying conditions like heart disease.
- Seek emergency care for severe or sudden gastrointestinal bleeding.



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**Q1: What is angiodysplasia?**

A: Angiodysplasia is a condition where abnormal, fragile blood vessels form in the gastrointestinal tract, commonly in the colon, and can cause intermittent or chronic bleeding.

Q2: What causes angiodysplasia?

A: It is mainly caused by age-related degeneration of blood vessels, intermittent obstruction of submucosal veins, and is sometimes associated with conditions like aortic stenosis or cardiovascular disease.

Q3: What are the symptoms of angiodysplasia?

A: Symptoms include rectal bleeding, dark stools, iron-deficiency anemia, fatigue, and weakness. Some patients may have no symptoms until significant blood loss occurs.

Q4: How is angiodysplasia treated?

A: Treatment includes endoscopic coagulation, iron therapy, blood transfusions, embolization, and sometimes surgery, depending on severity and recurrence of bleeding.



Take Action

If you experience **Angiodysplasia**, don't ignore it. Early diagnosis and treatment can prevent complications.

Schedule a consultation with GastroDoxs for expert guidance on managing your digestive health.

For additional resources, visit GastroDoxs.com.

**Your health starts with knowledge.
Take the first step today!**

SCHEDULE AN APPOINTMENT



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