

## An Uncommon Cause of Black Stool

Huimao Zhang\*, Dianbo Cao and Xianglei Kong

Department of Radiology, The First Hospital of Jilin University, Changchun, Jilin Province, PR China

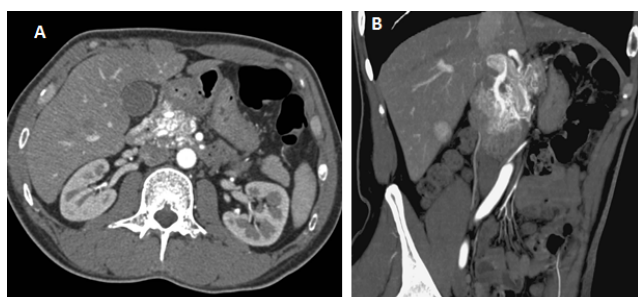
\*Corresponding author: Zhang H, Department of Radiology, The First Hospital of Jilin University, XinMinZhu Street 71 Chang Chun, 130021, China, Tel: 15804300125; E-mail: Jldx2012lin@163.com

Received date: August 01, 2015; Accepted date: August 20, 2015; Published date: August 27, 2015

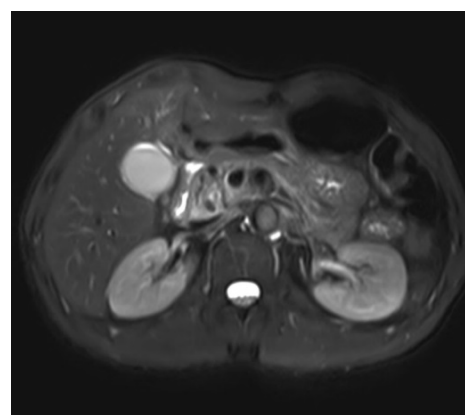
Copyright: © 2015 Zhang H, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

### Clinical image

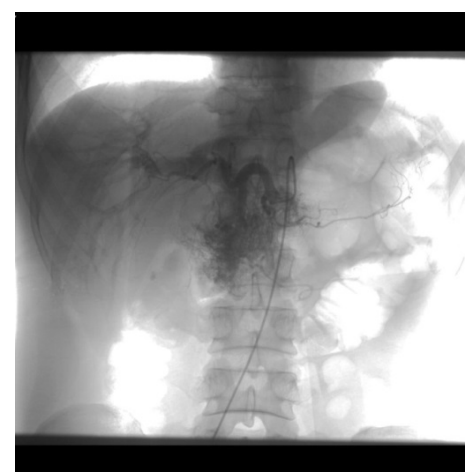
A 37-year-man was admitted to our hospital to search for the detailed cause of a small amount of black stool. He was diagnosed with hepatitis B for 5 years and no standard treatment was undertaken. Physical examinations were unremarkable except for mild tenderness in the right upper abdomen. His blood routine and liver chemistries were unremarkable. Various tumor markers including CA119 were within the normal limit. An esophagogastroduodenoscopy revealed chronic gastritis and duodenitis, while colonoscopy prior to admission was negative. Contrast-enhanced computed tomography showed a densely vascular pattern that filled the pancreatic head and adjacent duodenum with early portal venous opacification. Feeding arteries from gastroduodenal artery and drainage veins into portal vein were definitely described (Figure 1). Magnetic resonance imaging indicated no mass except for a signal void in the region of the pancreatic head (Figure 2). Subsequent angiography further confirmed the diagnosis of pancreatic head of arteriovenous malformation (Figure 3). After explaining the risk of a possible management, the patient refused any intervention. At 1 year follow-up, he remains asymptomatic. Gastrointestinal arteriovenous malformation is a less common cause of gastrointestinal bleeding and those arteriovenous malformations are most commonly located in the large and small intestine. Pancreatic arteriovenous malformation is a rare condition in which there is tumor-like formation or vascular anomaly built up via an aberrant bypass anastomosis of the arterial and venous systems in the pancreas. Gastrointestinal hemorrhage can be due to direct hemorrhage from AVM into the pancreatic duct or a bile, hemorrhage from an AVM involving the bowel wall, an associated duodenal ulcer or the result of varices due to portal hypertension. In our case, duodenal AVM or ulcer may be responsible for a small amount of black stool.



**Figure 1:** Contrast-enhanced computed tomography showed a densely vascular pattern that filled the pancreatic head and adjacent duodenum with early portal venous opacification. Feeding arteries from gastroduodenal artery and drainage veins into portal vein were definitely described.



**Figure 2:** Magnetic resonance imaging indicated no mass except for a signal void in the region of the pancreatic head.



**Figure 3:** Subsequent angiography further confirmed the diagnosis of pancreatic head of arteriovenous malformation.