

# The management of acute lower gastrointestinal bleeding using a Sengstaken-Blakemore tube



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#### Abstract

Acute lower gastrointestinal haemorrhage can potentially be life-threatening. We present a case of a massive rectal bleed which was managed successfully with a balloon tamponade device designed for upper gastrointestinal haemorrhage.

**Presentation of case:** A 75-year-old gentleman, with a history of human immunodeficiency virus and cirrhosis with portal hypertension, presented with bright red rectal bleeding. Investigations showed a low haemoglobin level (74 g/L) and deranged clotting. Oesophago-gastro-duodenoscopy demonstrated no fresh or altered blood. Flexible sigmoidoscopy revealed active bleeding from a varix within the anterior rectal wall 4 cm from the anal verge. Efforts to stop the bleeding, including endoscopic clips, adrenaline injection and rectal packing, were unsuccessful and the patient became haemodynamically unstable. A Sengstaken-Blakemore tube was inserted per rectum and the gastric balloon was inflated to tamponade the lower rectum. The oesophageal balloon was then inflated to hold the gastric balloon firmly in place. A computed tomography angiogram demonstrated no evidence of haemorrhage with balloon tamponade. After 36 h, the balloon was removed with no further episodes of bleeding.

**Discussion:** The application of a balloon tamponade device should be considered in the management algorithm for acute lower gastrointestinal bleed. Advantages include its rapid insertion, immediate results and ability to measure further bleeding after the catheter has been placed.

**Conclusion:** Sengstaken-Blakemore tube per rectum may effectively control massive low rectal bleeding when alternative methods have been unsuccessful.

#### Biography

Mohamad Iskandarani graduated from the University of Nottingham with a degree in Medicine in 2016. Since then he has worked in numerous Medical and Surgical specialties and is currently a Surgical Trainee in London. To date he has tailored his professional development in order to deliver medical care in Middle and Low Income Countries. He regularly attends courses and conferences on this subject and has spent time working in Johannesburg, South Africa, in the World's largest and busiest trauma center in order to gain experience and increase his exposure to working in low resourced and hostile environments.



#### 10<sup>th</sup> International Conference on Clinical Case Reports | July 15<sup>th</sup> 2021

Citation: Mohamad Iskandarani, The management of acute lower gastrointestinal bleeding using a Sengstaken-Blakemore tube, Clinical Case Reports 2021, 10<sup>th</sup> International Conference on Clinical Case Reports | July 15<sup>th</sup> 2021,01