

## **Bloody Diarrhea and Colorectal Bleeding -- Marathon Runner**

Papia Nasiri, Sourav Das, Matthew L. Silvis, Penn State Milton S. Hershey Medical Center, Hershey, PA  
E-mail: pnasiri@hmc.psu.edu

**HISTORY AND PHYSICAL:** A 24-year old female with no significant past medical history complains of intermittent episodes of rectal bleeding and bloody diarrhea over the last six months after strenuous physical activity, such as competing in a half-marathon. She states these episodes last approximately 18-24 hours, and is associated with severe, diffuse, crampy pain. The patient is an avid runner which includes three to four 8-10 mile runs per week. She has been building up to this training regimen for the past 6 months. She runs on even pavement, with minimal hills. She maintains adequate hydration both during and after her workouts. She has regular bowel movements with no constipation, hard stools, or straining. She denies pain with defecation or tissue prolapse per anus. She does not use laxatives, stool softeners, or fiber supplements. She has never had any lower gastrointestinal evaluation by colonoscopy or sigmoidoscopy.

**PHYSICAL EXAM:** The abdomen was soft, non-tender, and non-distended. She had normo-active bowel sounds. No appreciable hepatosplenomegaly or masses. Anoperineal exam reveals minimal external hemorrhoids without thrombosis, no hemorrhoidal skin tags, and no evidence of fissure, abscess or fistula. A digital rectal exam was performed, which demonstrates several hypertrophied anal papilla and no rectal masses. Anoscopy revealed mild internal hemorrhoids with no other mucosal abnormalities.

### **DIFFERENTIAL DIAGNOSIS:**

1. Exercise-induced mesenteric colonic ischemia
2. Lower gastrointestinal lesions
3. Irritable Bowel Syndrome
4. Irritable Bowel Disease
5. Sclerosis of mesenteric vasculature
6. Vasculitis of colonic vessels

### **TESTS AND RESULTS:**

Video flexible sigmoidoscopy revealed no evidence of polyps, masses or other mucosal abnormalities. Normal visceral arteriogram with prominent communication between the right superior and inferior hemorrhoidal arteries (normal variant).

### **FINAL/WORKING DIAGNOSIS:**

Exercise-induced mesenteric colonic ischemia

### **TREATMENT AND OUTCOMES:**

Continue to be well-hydrated during training sessions and implement gradual advancement training rigor. The patient did well with conservative management, and overall decreased the intensity and distance of her running. She does not complain of any significant bleeding after making these changes.