Gastrointestinal Bleeding – Lower GIT

Gastrointestinal bleeding in children is a relatively common presentation to emergency departments.

This guideline looks at lower GIT causes of bleeding. Please refer to Gastrointestinal Bleeding – Upper GIT for upper GIT causes.

Background

- Rectal bleeding can present as malaena or haematochezia
- Malaena (altered dark blood) suggests an upper GI cause of bleeding
- Haematochezia (bright red blood) suggests colonic or rectal source of bleeding
- Most causes are non life threatening

Assessment

Haemodynamically unstable, shocked or persistent large bleeding

- Pallor, tachycardia, delayed perfusion, hypotension
  - Large bore IV access x2
  - Fluid resuscitation 20ml/kg 0.9% saline (repeat as necessary)
  - +/- blood transfusion
  - Early senior clinician input

Haemodynamically Stable Patients

- Consider non GIT causes of blood
Swallowed blood – maternal (breastfed infants), large epistaxis
Food which can mimic blood – red food colouring, beetroot

Thorough history will help determine the source of bleeding

**History**

Important points to ask in history:

- Neonates – was vitamin K given at birth?
- Pain
- Vomiting and diarrhoea
- Constipation
- Fever
- Weight loss
- Non Steroidal Anti Inflammatory Drug use
- Family history of bleeding disorders, inflammatory bowel disease, peptic ulcer disease, polyposis

**Differential Diagnosis**

Causes of lower GI bleeding vary according to age.

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**Swallowed Maternal Blood**
• There may be a history of maternal mastitis or painful, cracked nipples. APT-Downey test will detect maternal blood in baby’s stool

**Malrotation with Midgut Volvulus**

• Usually present in neonatal period with abdominal distension and vomiting
• Up to 20% will have rectal bleeding (malaena or haematochezia)
• Upper GI contrast study and surgical referral in suspected cases

**Anorectal Fissure**

• History of painful bowel motions, straining, constipation
• Bright flecks or streaks of blood on surface of stool
• Fissure may be seen on external examination
• Treat with stool softeners and topical analgesia

**Allergic Colitis**

• Food protein induced colitis – commonly cow’s milk protein
• Mucousy bloody stool in otherwise healthy infant
• Treatment is eliminating causative protein in diet – usually results in improvement of symptoms within 72 hours
• Self resolves by 6-18 months age
• Arrange follow up with General Paediatrician

**Infectious Colitis**

• Fever, abdominal pain and bloody diarrhoea
• Usually self limiting course
• Salmonella, Shigella, Campylobacter, Clostridium difficile are common pathogens
• If systemically unwell (especially young infants), admission is warranted for treatment with antibiotics (refer to Antibiotic guideline)

**Intussusception**

• “Red Currant Jelly” stool is a late sign of intussusception
• Ultrasound, surgical referral and air enema in suspected cases
• Refer to Intussusception guideline

**Inflammatory Bowel Disease**

• Crohn’s Disease or Ulcerative Colitis
• Suspect if chronic abdominal pain with weight loss and bloody stool
• Investigations – iron deficiency anaemia, raised ESR and CRP, elevated faecal calprotectin
• Refer to gastroenterology for investigation and endoscopy
Juvenile Polyps

- Benign hamartomas present with painless rectal bleeding
- May be familial polyposis syndrome
- Colonoscopy is diagnostic

Meckel’s Diverticulum

- Painless rectal bleeding – may be massive haemorrhage
- Fluid resuscitation +/- blood transfusion as required
- Meckel’s scan is diagnostic
- Surgical resection is the treatment for symptomatic Meckel’s Diverticuli