Osler-Weber-Rendu Syndrome: A Rare Cause of Iron Deficiency

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Figure 1. Multiple telangiectasias on the patient's face, lips, and tongue.

A 52-year-old man with frequent epistaxis presented with fatigue and exertional dyspnea. On physical examination, multiple telangiectasias were noted on the patient's face, lips, tongue (Fig. 1), and finger tips (Fig. 2). Laboratory analysis demonstrated iron deficiency anemia (hemoglobin, 8.2 g/dl; ferritin: 15 ng/ml). Colonoscopy revealed multiple colonic telangiectasias, and endoscopic hemostatic treatment was performed on bleeding lesions.

Osler-Weber-Rendu syndrome (OWR), also known as hereditary hemorrhagic telangiectasia, is an autosomal dominant disease that affects all ethnic and racial groups with an overall

Figure 2. Multiple telangiectasias on the patient's finger tips.

frequency of 1 per 5,000 to 10,000 persons. Although the number and location of lesions vary widely, most telangiectasias are found in the oral, nasal, and gastrointestinal mucosa, as well as the fingertips, whereas arteriovenous malformation occurs most commonly in the lungs, liver, and central nervous system. The prevalence of intestinal telangiectasia varies from 10% to 33% in patients with OWR. Approximately 25% of individuals older than 60 years present with melena or anemia. Endoscopic ablation using electrocoagulation or laser techniques is useful for control of gastrointestinal bleeding in the short term.¹

Informed Consent: Informed consent was obtained from the patient to have his picture taken and information about his case published.

Conflict of Interest: None disclosed.

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