Candy crush: a confounding presentation of blood per rectum in a child

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DESCRIPTION

Acute per rectal bleeding in a young child is a fairly common clinical presentation that warrants immediate attention and appropriate management.¹ Aetiology differs with age and differential diagnosis in a young child includes: intussusception, bleeding Meckel's diverticulum, dysentery, juvenile polyps, inflammatory bowel disease and vascular lesions.²

A 3-year-old boy presented to the emergency department with a 1-day history of painless rectal bleeding not associated with fever or diarrhoea. Physical examination revealed bright red stools on digital rectal examination (figure 1), but there was otherwise no abdominal tenderness or mass elicited. Blood tests showed normal haemoglobin, white cell count and C reactive protein levels. Faecal occult blood test was negative. Sonographic study of the abdomen was normal.

Figure 1 Bright red stools found on per rectal examination.

On repeat probing, the child admitted to consuming large amounts (about 150 g) of pink and purple coloured chewy candy containing gum arabic. The presence of undigested sugars was confirmed by positive stool test for reducing substance. Unexpectedly, the consumption of pink and purple candy had resulted in a red coloured gum that mimicked the presentation of blood in the stools of our patient. Recognition of such unusual digested substances as a differential for per rectal bleeding will avoid unnecessary investigations and hospital admission.

Learning points

- ▶ Acute per rectum bleeding in a young child is often benign but potentially dangerous. Conditions such as intussusception, bleeding Meckel's diverticulum and inflammatory bowel disease must be excluded.
- ▶ Undigested coloured gum can mimic a presentation of blood in stools. Being cognisant of it can avoid excessive management.

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