INTRODUCTION
The prevalence of angiodysplasia in general population is not known, largely because of fact that most patients asymptomatic. It is estimated that up to 6% of population older than age 50 years have some form of colon vascular lesion. There is no sex predilection for the development and majority of symptomatic patients are older than age 50 years. Mostly angiodysplasia of colon may be discovered incidentally during an endoscopic evaluation performed for other reasons or exploratory laparotomy in cases of intestinal obstruction. In our article we have encountered case of intestinal obstruction on exploratory laparotomy done and histopathology showing angiodysplasia of jejunum.

CASE REPORT
A 62 years old women presented with lower abdominal pain for four days with history episode of vomiting, constipation and no bleeding per rectum with no previous history of similar complaints. history of decreased urine output.

On examination patient was conscious, oriented, afebrile.

Per abdomen shows guarding with abdominal distension and tenderness. Digital Rectal Examination (DRE) shows roomy.

A x ray of the erect abdomen was taken which showed a few air fluid levels with no pneumoperitoneum. An early ultrasonography of abdomen revealed full bowel gas. A diagnosis of small bowel obstruction was made and the patient was managed initially by nil per oral, intravenous fluids and antibiotics and with Ryles tube aspiration and all routine investigation done and a decision of emergency laparotomy was made and proceeded. At laparotomy the surgical team found the presence small bowel distended and edematous, small bowel of distal jejunum of about 6-8 cm found to be gangrenous and that segment of the gangrenous part was resected and the proximal loop of the jejunum and ileal loop anastomosis by end to end anastomosis done. Resected specimen subjected for histopathological examination. histopathological pictures shows angiodysplasia of jejunum.

CONCLUSION:
This case highlights the fact that a high suspicion of a angiodysplasia should be kept in mind in dealing with patient with/without history GI bleeding.

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