XIX REUNIÓN IBÉRICA DE CÁPSULA ENDOSCÓPICA

CENTRO HOSPITALAR VILA NOVA DE GAIA|ESPINHO

SERVIÇO DE GASTRENTEROLOGIA E HEPATOLOGIA

Unexpected small bowel finding in overt-obscure gastrointestinal bleeding in a patient with neurofibromatosis type 1 and Crohn's disease

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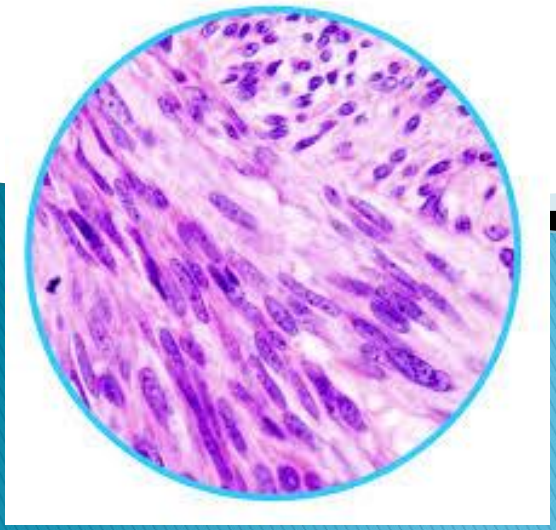

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Introduction

- **Gastrointestinal stromal tumor (GISTs)** are the most common mesenchymal tumours of the gastrointestinal (GI) tract, being more frequent in the stomach (60–70%), followed by the small bowel (20–35%), the colon and rectum (5%), and esophagus (<5%).
- **GI bleeding** is a common presentation of GISTs, and lesions such as submucosal tumors may be detected more readily by ***capsule endoscopy*** due to luminal impingement and overlying ulceration.

Kauser R, et al. BMJ case reports 2015;2015.
Nakatani M, et al. Internal medicine (Tokyo, Japan) 2012;51:2675-82.

Case report

- ♀, 58 years-old
- Medical history:
  - Inflammatory ileocolonic Crohn's Disease (CD) – A2L3B1
  - Neurofibromatosis type 1
  - Ø current medication, clinical remission
  - Previous ileocolonoscopy (3 years) and MRE (4 years): unremarkable

ER: 5-day history of **melena**

- Findings:
  - Normocytic normochromic anemia (8 g/dL, VGM 82.6fL, CHGM 32.5 g/dL)
  - **Esophagogastroduodenoscopy (EGD):** no significant findings.

Ileocolonic CD + GI bleeding → panenteric VCE

- **CE**: ulcerated subepithelial lesion with bleeding stigmata presumably in the proximal jejunum (figure 1)
- **Anterograde single-balloon enteroscopy (SBE)**: 4 cm ulcerated protruding lesion, suggestive of a GIST, and a tattoo was placed proximally (figure 2)
- **Computed tomography:** small bowel exophytic GIST with around 9 cm, with intimate contact with the bladder, appendix and sigmoid colon but without evident invasion of these structures (figure 3).

Tumor resection with small-bowel end-to-end anastomosis; tumor rupture during surgery

- ✓ **Pathology:** GIST of epithelioid cell subtype, mitotic rate of 2/5 mm2, Ø KIT or PDGFRA mutations → pT3, IH + CD34 and +CD117
- ✓ **Treatment:** on *Imatinib*
- ✓ **Follow-up:** FDG-PET 3 months after surgery with no relapsing

VCE

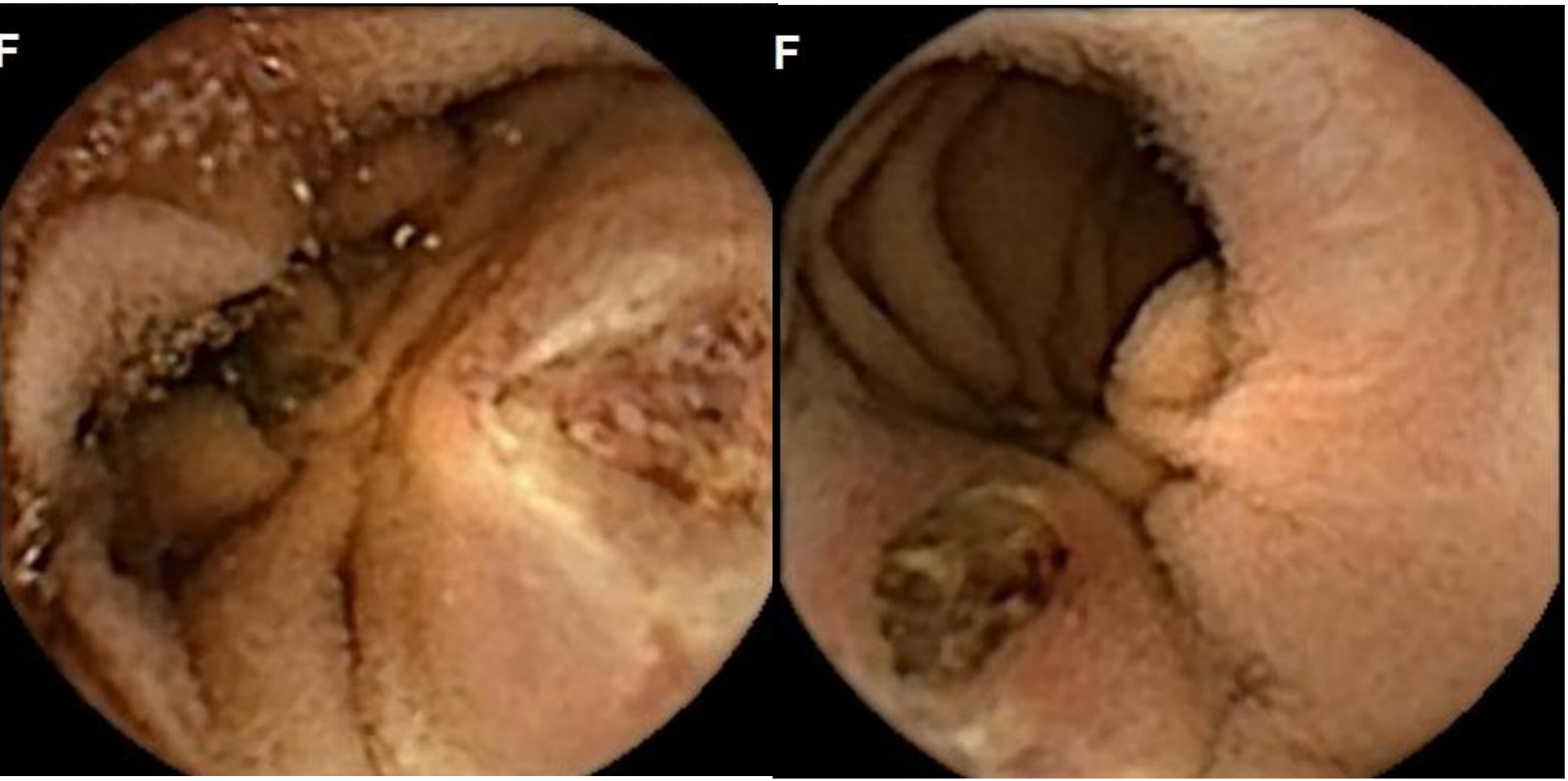

Figure 1: Ulcerated subepithelial lesion in the proximal jejunum

SBE

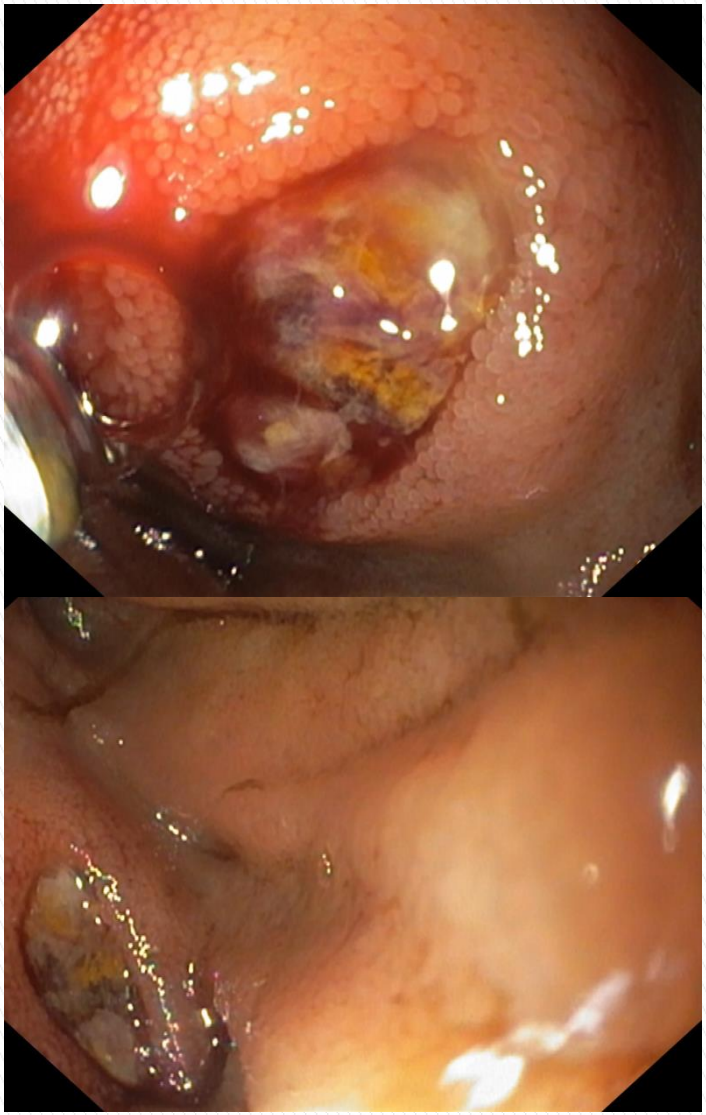

Figure 2: At 80-100 cm from Treitz' ligament - ulcerated protruding lesion, with bleeding stigmata

CT

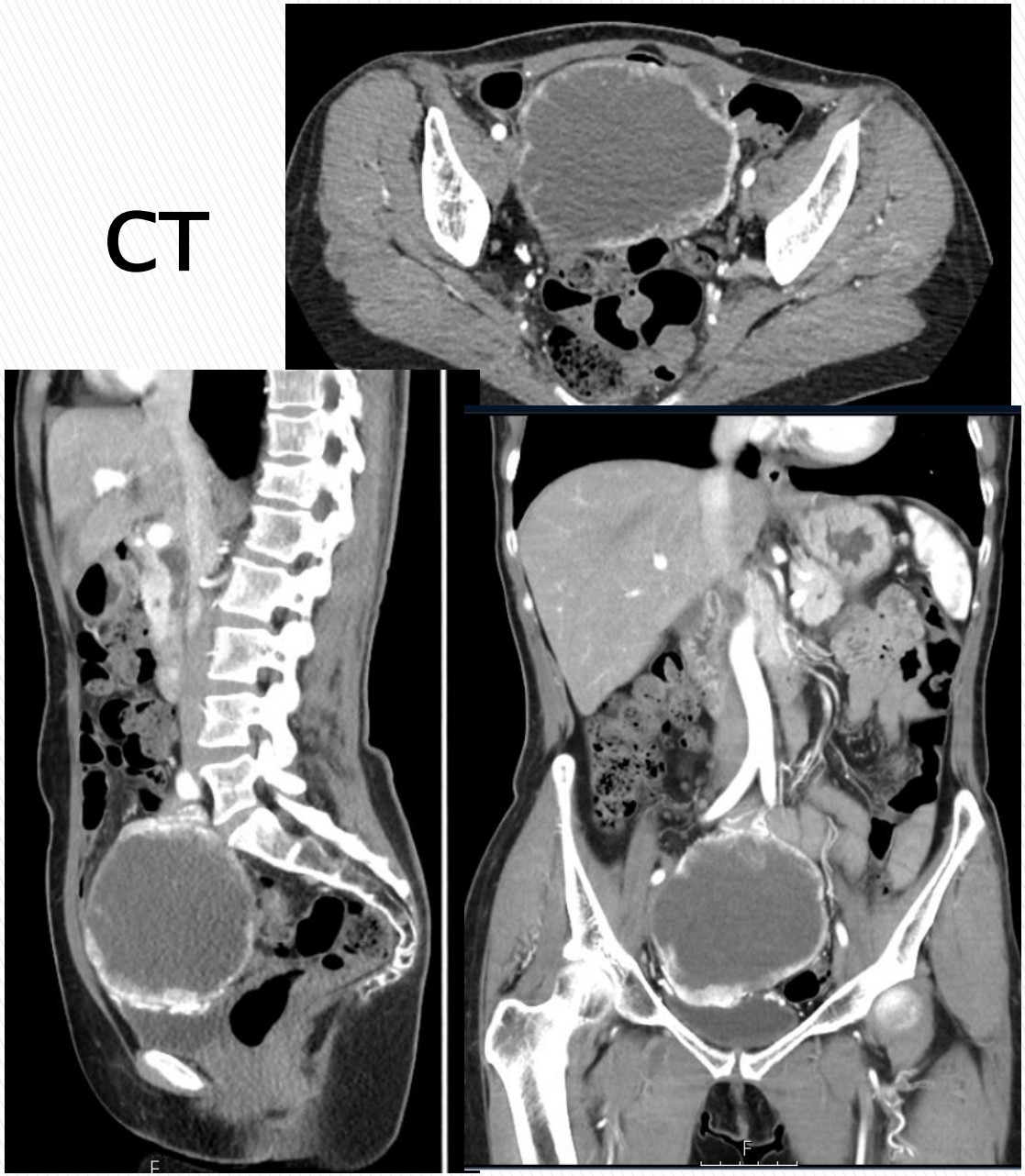

Figure 3: Small bowel exophytic GIST ~9cm with intimate contact with the bladder, appendix and sigmoid colon