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An unusual cause of anemia

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INTRODUCTION

BRBNS is a rare disease characterized by multiple venous malformations that can affect any organ, most frequently involving the skin and gastrointestinal tract. Most cases are sporadic and the diagnosis should be considered in the presence of multifocal venous malformations. Gastrointestinal involvement is typically manifested by bleeding or iron deficiency anemia. Capsule endoscopy can play a key role in the diagnosis of this systemic disease.

CASE DESCRIPTION

An 80-year-old leucodermic man presented with iron-deficiency anemia (hemoglobin 10,4 g/dL; mean corpuscular volume (MCV) 75 fL; serum ferritin 15 ng/mL) His past history included arterial hypertension and atrial fibrillation. Medication history included dabigatran. The patient had no history of non-steroidal anti-inflammatory drug use, peptic ulcer or chronic liver disease. No relevant family history was recorded. He denied having recurrent epistaxis or overt gastrointestinal bleeding. Physical examination revealed pallor and multiple violaceous, compressible and nonpulsatile nodular skin lesions (Figure A). Esophagogastroduodenoscopy and colonoscopy were unrevealing. Thus, capsule endoscopy was done revealing multiple protruding nodular bluish lesions in the small bowel (Figure B-C). Given the multifocal venous vascular malformations we established the diagnosis of blue rubber bleb nevus syndrome (BRBNS).



Figure A. – Physical examination revealing multiple violaceous, compressible and nonpulsatile nodular lesions. **Figure B. and C.** – Capsule endoscopy showing multiple protruding nodular bluish lesions in the small bowel.

CONCLUSION

In this particular case, the beginning of anticoagulation probably led to iron-deficiency anemia, unraveling the diagnosis. The patient is currently under oral iron supplementation with good clinical response.

This rare condition should be considered in patients presenting with iron deficiency anemia or gastrointestinal bleeding when multiple venous malformations are found. The authors emphasize the utmost importance of considering the full medical history as well as the physical examination in order to provide an adequate endoscopic diagnosis, especially when considering systemic disorders involving the gastrointestinal tract.

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