EDITOR'S QUIZ: GI SNAPSHOT

An unusual cause of obscure gastrointestinal bleeding

Robin Spiller, Editor

Clinical presentation

A 69-year-old man was admitted to our institution because of a 1-week history of intermittent passage of tarry stools. His medical history was remarkable for uraemia, with regular dialysis for 5 years. He had not received non-steroidal anti-inflammatory drugs or anticoagulants. Four months previously, he had been admitted to our institution because of tarry stool passage. Prior endoscopic examination, including colonoscopy and upper gastrointestinal endoscopy, had disclosed some shallow gastric ulcers. The patient received proton pump inhibitor therapy and had not experienced further bleeding episodes during this period. Physical examination was unremarkable, except for a pale conjunctiva. Laboratory examination revealed anaemia (7.5 g/dl and mean corpuscular volume 95 fl) and normal coagulation profiles. Repeated upper endoscopy and colonoscopy did not reveal any bleeding. Double-balloon enteroscopy was performed to evaluate the bleeding.

A polyp (approximately 1 cm in size) was found in the jejunum, with shallow ulceration on its surface (fig 1). No further lesions were found down to an estimated depth of 200 cm from the Treitz ligament. Abdominal cardiothoracic examination disclosed that the polyp was hypervascular in nature (fig 2). The patient subsequently underwent surgical resection. The polyp appeared dark red, with ulceration on its surface (fig 3). Histological examination showed copious granulation tissue and ulceration of the surface, tortuously cystic dilatation of the glands, and markedly expanded lamina propria infiltrated by acute and chronic inflammatory cells (fig 4).

Question

What is the diagnosis?

See page 28 for answer

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Figure 2 Abdominal cardiothoracic scan showing a hypervascular tumour in the jejunum (arrows).

Figure 3 Dark red appearance of the resected polyp with an ulcerated surface.

Figure 1 A polyp (around 1 cm in size) with some ulceration on its surface found during enteroscopy.

Figure 4 Histological examination of the polyp shows tortuously cystic dilatation of the glands and expanded lamina propria infiltrated by inflammatory cells (haematoxylin and eosin stain, ×40).