EDITOR'S QUIZ: GI SNAPSHOT

Double balloon enteroscopy reveals the diagnosis in chronic gastrointestinal bleeding

Robin Spiller, editor

Clinical presentation

A 65-year-old woman underwent double-balloon enteroscopy for obscure gastrointestinal bleeding. Her medical history was remarkable for three admissions to our hospital because of gastrointestinal bleeding 8 months, 10 months and 5 years ago, respectively. The patient reported occasional abdominal cramping pain and bloating but no weight loss over the past 5 years. Repeated upper gastrointestinal endoscopy, colonoscopy, push enteroscopy, abdominal computed tomography scans and angiography were negative.

Enteroscopy showed lesions of 120–160 cm from the Treitz ligament (figs 1, 2). It was difficult to pass the enteroscope further because of marked adhesion of the bowel loops and hence the examination was postponed. At the end of the examination, contrast was injected to allow visualisation of the distal lumen (fig 3).

Question

What is the diagnosis?

See page 278 for answer

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Figure 2 Enteroscopy showed mild luminal stenosis.

Figure 1 Enteroscopy showed shallow mucosal ulcerations.

Figure 3 Radiography taken after instillation of the contrast agent.