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EDITOR'S QUIZ: GI SNAPSHOT

Iron deficiency anaemia 10 years after small bowel resection in infancy

Robin Spiller, Editor

Clinical presentation

A 23 year old male with a history of a segmental small bowel resection in infancy for ileal atresia presented at the age of 13 with iron deficiency anaemia. No overt blood loss was reported and the dietary intake of iron was considered adequate. Conventional investigation for obscure gastrointestinal bleeding was performed guided by the differential diagnosis of coeliac disease, inflammatory bowel disease, vascular lesions and small bowel tumours. Oesophagogastroduodenoscopy including duodenal biopsies, ileocolonoscopy, enteroclysis and Meckel's scintigraphy yielded negative results. The patient was managed with conservative treatment consisting of iron supplementation and occasional blood transfusion. During the following 10 years, there was a persisting need for regular blood transfusion. At the age of 23, after repeatedly negative conventional diagnostic procedures, a video capsule endoscopy with the GIVEN diagnostic system was performed. This revealed an abnormality 3 h following capsule passage through the pylorus (fig 1).

Question

What is your diagnosis and what treatment should be given?
See page 488 for answer.

Figure 1 Video capsule endoscopy image showing circular ulceration with stenosis of the small bowel.

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