

Meckel's-Associated Polypoid Vascular Mass of the Small Bowel: A Case Report of Obscure-Overt GI Bleeding

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INTRODUCTION

- Obscure-overt bleeding: recurrent visible bleeding not identified on standard enteroscopy and radiography
- Common etiologies in the small bowel can include angioectasias (AVMs), NSAIDs, Inflammatory Bowel Disease, polyp syndromes, and malignancy
- We present a case of obscure overt GI bleeding x 10 years that was finally identified with retrograde double balloon enteroscopy

CASE PRESENTATION

24yo male with intermittent maroon blood per rectum, symptomatic iron deficiency anemia, and extensive negative GI workup for 10 years.

History of Present Illness

- History of hemangiomas including on his neck and distal digit requiring resection at young age given size
- Extensive workup in 2012 for IDA, where only therapy provided was ablation of several small bowel on prior endoscopy

Current presentation

- Recurrence of intermittent bleeding ~4 months ago, presented w/ sx anemia
- Physical exam: negative DRE, normal young male exam

Endoscopic Evaluation

- Extensive outside hospital(s) investigation included:
 - ❖ Multiple EGDs and colonoscopies
 - ❖ Video Capsule Endoscopy (VCE) x2
 - ❖ Anterograde Deep Small Bowel Enteroscopy x2
 - ❖ Negative Meckel's Scan (Technetium 99 scan)
 - ❖ Multiple CT-angiograms, RBC scan without acute findings
- VCE repeated: hematin and mucosal surface ulceration ~1 hr upstream IC valve
- Retrograde DBE identified lesion of interest (Figure 1 A&B)

Outcome

- Surgically resected tattooed bowel (Figure 1 C) with resolution of bleeding episodes
- Surgical pathology: large vascular malformation involving submucosal tissue and muscularis propria with adjacent 2cm Meckel's Diverticulum

5.6	140	106	8
3.5	4.7	20	0.8
141			94
20.2			
MCV 55	9.2	43	
Fe 8	6.8	16	
Ferritin 2	4.2	52	
Iron Sat 1.9%	0.5		

Figure 1. Endoscopic and Gross Appearance of Vascular Lesion

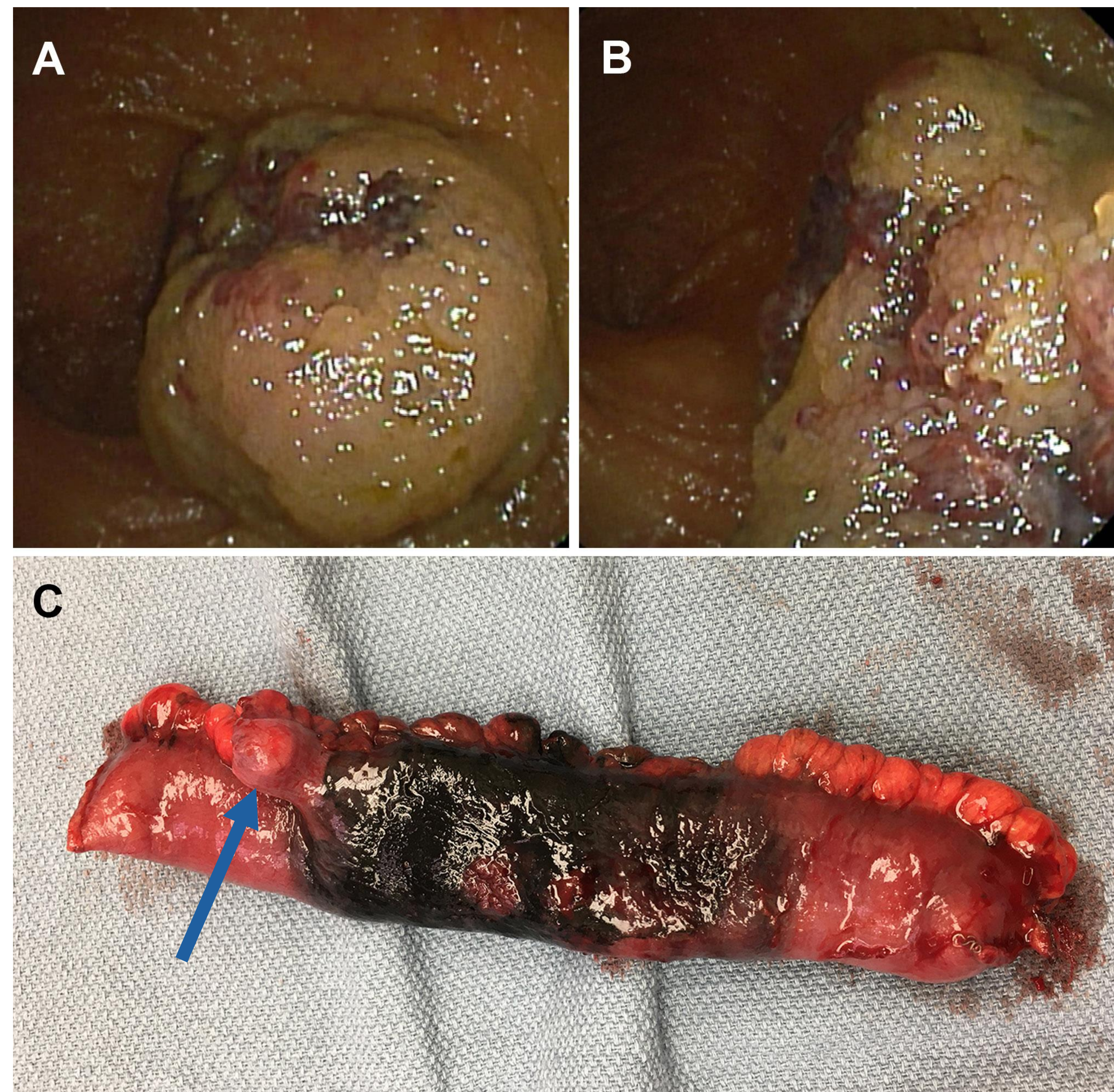
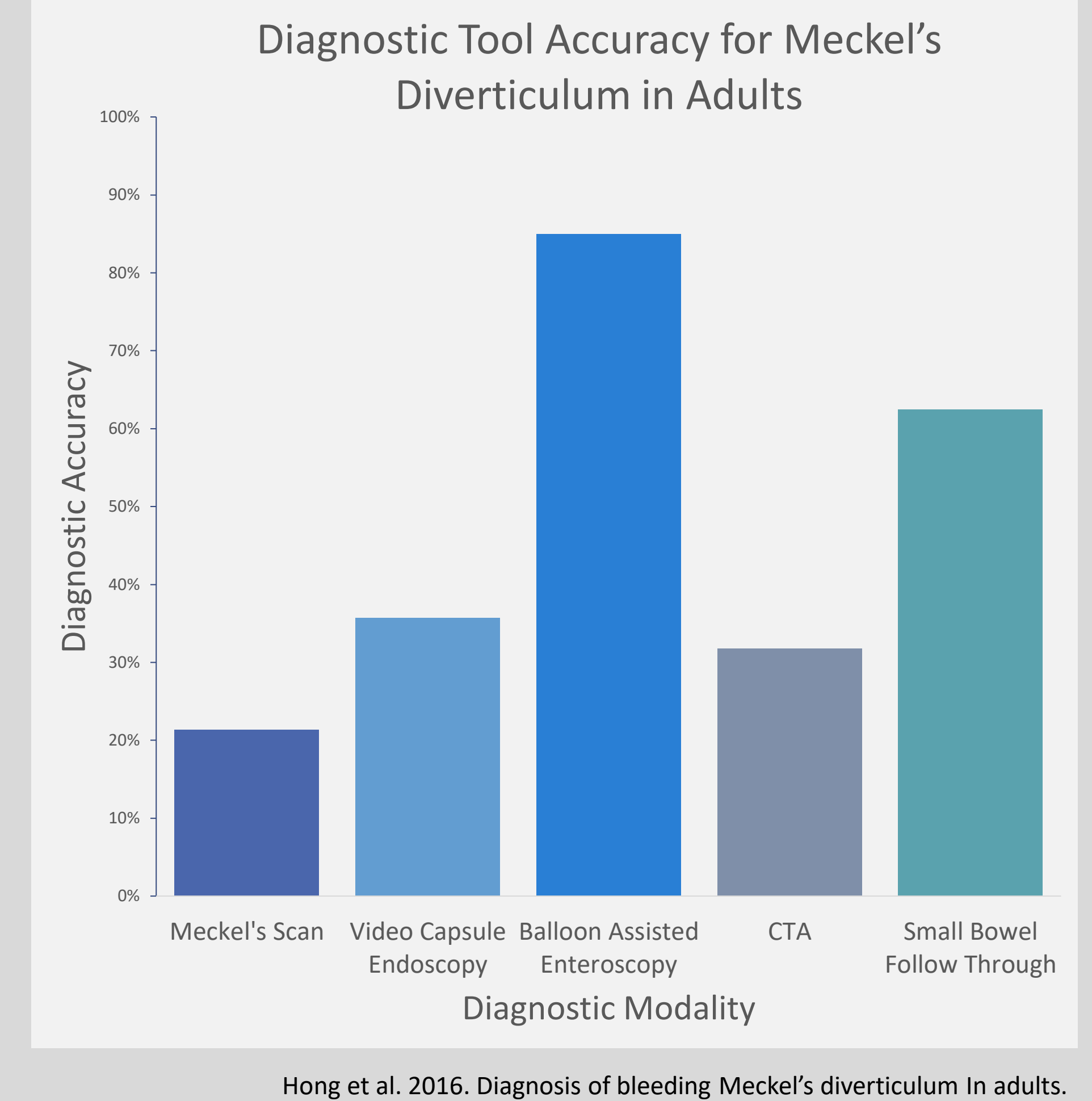


Figure Key:

A: Retrograde double balloon enteroscopy image of the polypoid, nodular, vascular mass in the mid-ileum.
B: Enteroscopy image of the vascular mass with stigmata of bleeding.
C: Gross pathologic specimen of the 13.5cm small bowel resection with associated Meckel's diverticulum (arrow) to the left of the endoscopically tattooed tissue.

DISCUSSION

- Meckel's Diverticulum has been associated with malignancy, bleeding, and intussusception
- Unique case given extensive negative workup x10 years and unique vascular lesion with associated Meckel's
- Meckel's scans are the gold standard, but studies have shown they are less sensitive than previously assumed, especially in adults (21.4%)
- Illustrates that DBE should be considered when atypical small bowel pathology is suspected



TAKE HOME POINTS

1. Double Balloon Enteroscopy (DBE) can be more sensitive than Meckel's Scan, CT-angiogram, and video capsule endoscopy for identifying Meckel's Diverticulum
2. Antero and Retrograde DBE should be considered when atypical small bowel pathology is suspected despite negative prior workup

References

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