

BACKGROUND

Bleeding from the small bowel is a relatively uncommon etiology of GI blood loss, accounting for only 5-10% of cases. Although advancements in video capsule endoscopy (VCE), enteroscopy, and angiography have assisted in identifying small bowel bleeds, their diagnosis and management remain challenging.

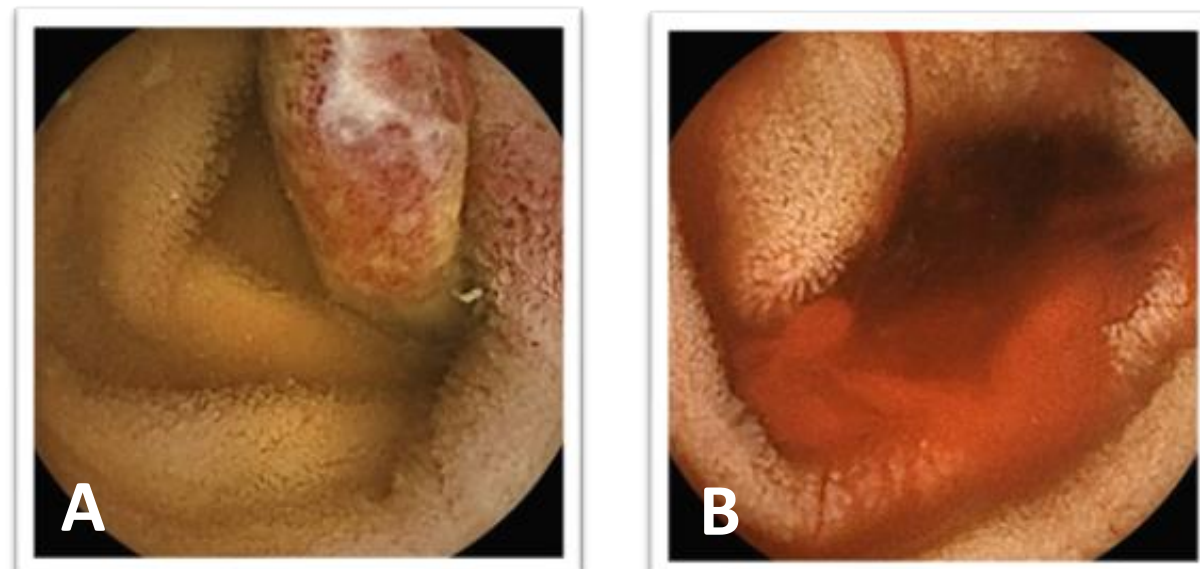
THE CASE

This is a case of a 51-year-old female with no significant medical issues who presented with severe iron deficiency anemia without overt bleeding. On initial presentation, hemoglobin was 5.6 g/dL (hemoglobin was normal at 13.7 g/dL when last checked two years prior), and she responded appropriately to blood transfusions.

While undergoing outpatient work up, she was started on supplemental IV iron but continued to require intermittent blood transfusions for severe symptomatic anemia.

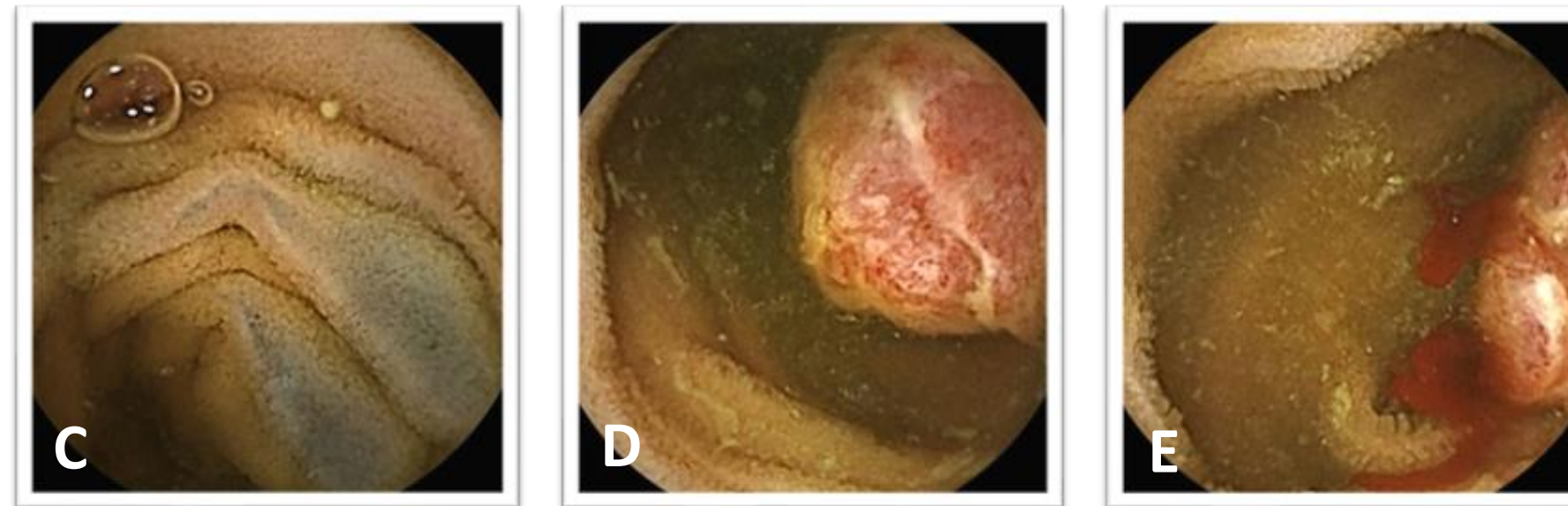
ENDOSCOPY

- Initial EGD and colonoscopy failed to identify the etiology of her anemia.
- VCE showed an ulcerated polypoid lesion in the proximal to mid jejunum with active bleeding (images A and B).



- Push enteroscopy failed to visualize the lesion, and distal reach of the scope was tattooed.

- Repeat VCE showed the polypoid lesion just distal to the previously placed tattoo (images C-E).



- Enteroscopy was repeated using a single balloon assisted enteroscope followed by a rigidizing overtube. Although the scopes were advanced beyond the tattoo, they failed to reach the lesion. The patient was then referred to surgery.

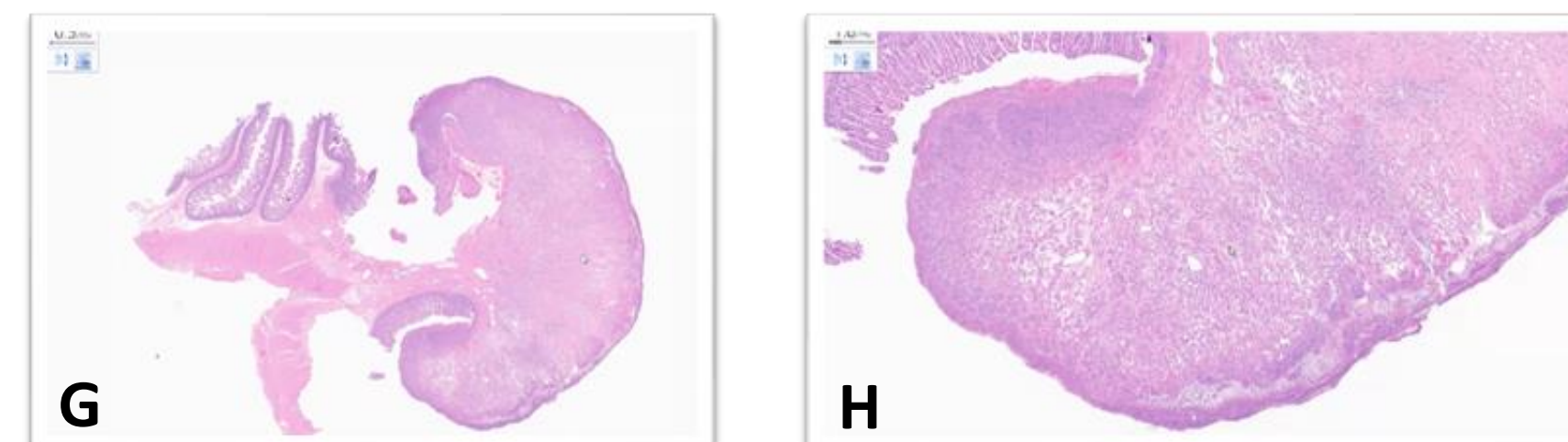
SURGERY

Robotic-assisted surgery was performed. Approximately 15 cm distal to the ink tattoo, there was a polypoid lesion which prompted a 10 cm jejunal resection with primary anastomosis (image F).



PATHOLOGY

Gross assessment revealed a 2.5 cm hemorrhagic pedunculated lesion. Pathology was consistent with a pyogenic granuloma (images G and H), which is characterized by a lobular capillary hemangioma with clusters of small capillaries, a single layer of endothelial cells, and inflammatory infiltrate.



OUTCOME

The patient recovered from surgery without complication. By six weeks post-op, her hemoglobin had normalized. Four months post-op (and three months since her last dose of IV iron), her hemoglobin remained normal and her iron panel had normalized.

DISCUSSION

- Pyogenic granulomas (lobular capillary hemangiomas) are inflammatory vascular lesions occurring most commonly in the epidermis and oral cavity; however, they have also been reported throughout the GI tract.
- When found in the GI tract, they most often present with anemia due to surface ulceration.
- They are thought to result from a reactive process due to local trauma or irritation, though hormonal influences have also been suggested.
- As an unusual cause of small bowel bleeding, these lesions often require multiple endoscopic procedures and/or surgery prior to definitive diagnosis and management.
- Resection is curative, and no recurrences have been documented.

CONCLUSION

This case demonstrates the diagnostic challenges associated with small bowel bleeding and emphasizes the importance of an interdisciplinary approach to management. Although this jejunal lesion was not endoscopically resected, endoscopic localization provided valuable information to allow for minimally invasive and uncomplicated robotic resection resulting in resolution of the patient's profound iron deficiency anemia.