

Back to Basics: a case of refractory obscure gastrointestinal bleeding due to jejunal leiomyoma



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Abstract

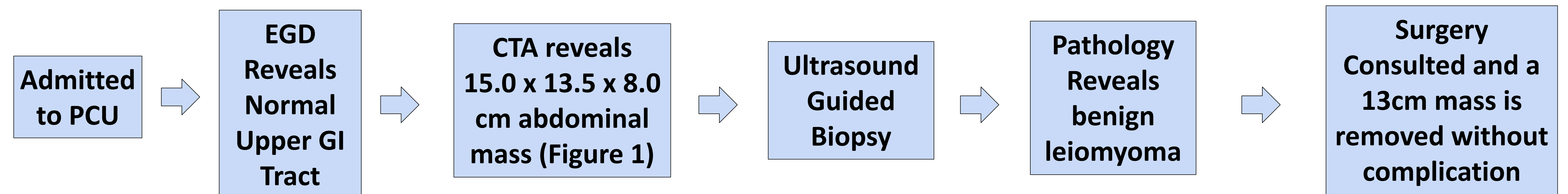
In the context of an acute gastrointestinal (GI) bleed, endoscopy is often first line as it allows for both diagnostic and therapeutic interventions. In comparison to non-invasive imaging techniques, such as red blood cell (RBC) scintigraphy or computed tomography angiography (CTA), colonoscopy and esophagogastroduodenoscopy (EGD) allow for direct visualization and treatment. However, in the cases of obscure GI bleeding, imaging is a valuable tool in a gastroenterologist's arsenal and may guide therapeutic intervention. We present a case of refractory, obscure GI bleeding due to a large jejunal leiomyoma.

Hospital Course

- A previously healthy, 32-year-old bodybuilder with a history of alcohol use disorder presents to the emergency department with a 1-day history of frequent dark tarry stools.
- He was tachycardic with heart rate 118 BPM but had an otherwise unremarkable physical exam.
- CBC revealed a microcytic anemia with a hemoglobin count of 7.7 g/dL.
- He underwent thorough endoscopic evaluation including EGD, colonoscopy, and push enteroscopy without an identifiable cause of bleeding.
- A capsule endoscopy identified active bleeding within the mid-distal small intestine.
- A subsequent single balloon endoscopy was unremarkable.
- The patient's hemoglobin stabilized, and he was sent home with follow-up.

Readmission Course

Two months later, he presented with persistent GI bleeding and a hemoglobin of 5.0 g/dL.



Imaging Results

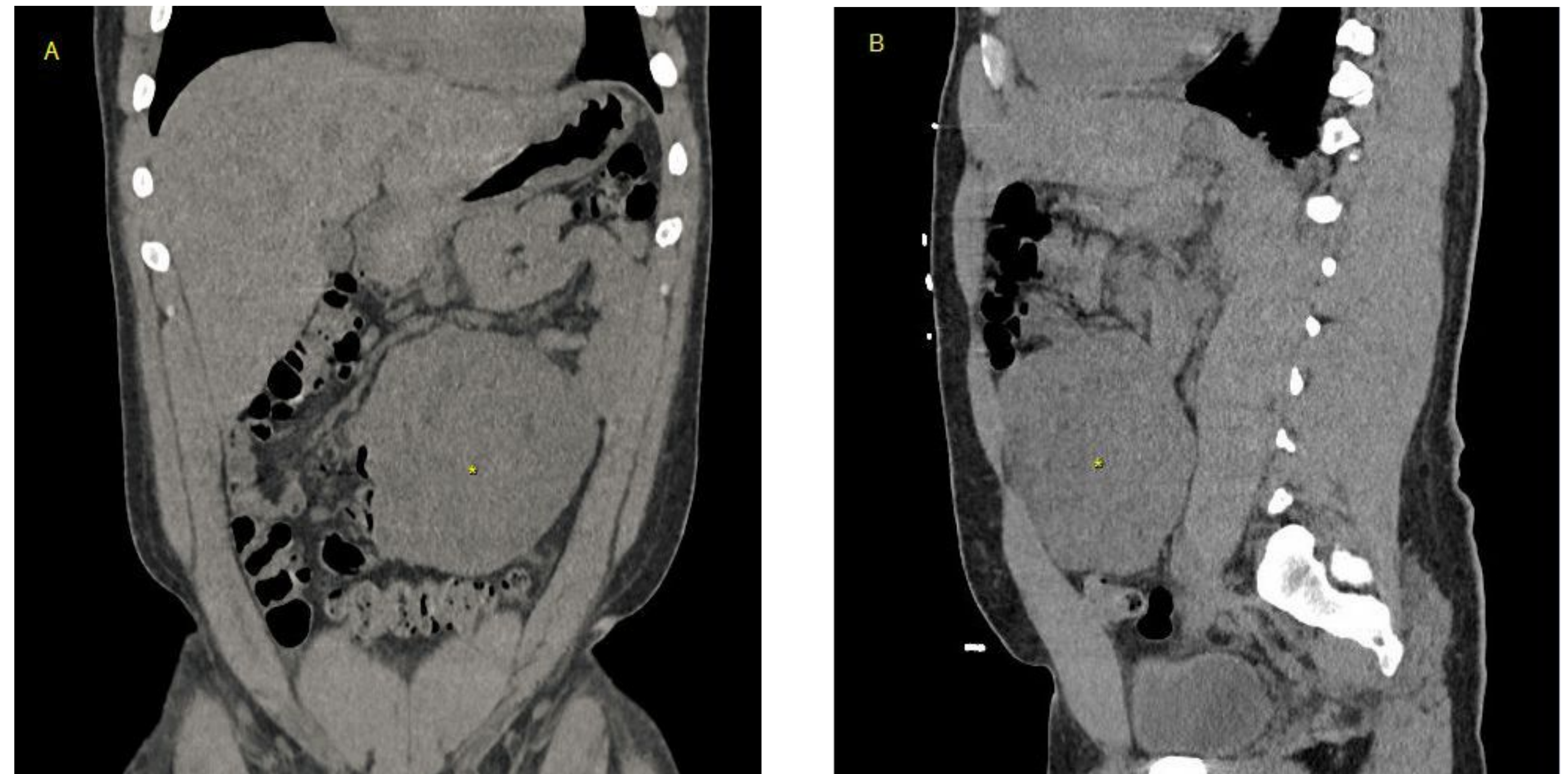


Figure 1. Computed tomography scan images of abdomen showing the 15 cm x 13.5 cm x 8 cm leiomyoma in a coronal view (A) and sagittal view (B).

Conclusion

This case highlights the importance of including non-invasive imaging techniques in the diagnostic tool kit in the evaluation of refractory, obscure bleeding. Non-invasive modalities, such as a RBC scintigraphy and CTA of the abdomen and pelvis, while significantly limited by sensitivity, are essential in cases of refractory obscure GI bleeding when endoscopic evaluation is unrevealing. Here we describe a patient who had a persistent, obscure GI bleed due to a leiomyoma invading the jejunal wall, which was discovered through CTA, despite undergoing scope imaging.