An unusual cause of obscure gastrointestinal bleeding

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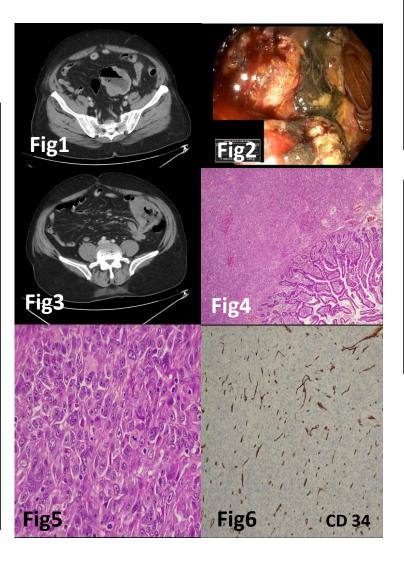


Introduction

Obscure gastrointestinal bleeding is bleeding of unknown origin, that persists or recurs, after a negative initial or primary endoscopy. We present a case of rare cause of obscure gastrointestinal bleeding

Case Description

A 68 year old gentleman was admitted with history of passing black coloured stools since last 2 weeks. He gives history of weight loss. There was no history of any other bleeding manifestations. Endoscopy showed antral erosions. Colonoscopy revealed caecal angiodysplasia and was treated with Argon plasma coagulation. Later he developed melena. In view of persistent melena, patient underwent CT angiography, which revealed bowel wall thickening with cavitation and focal bowel dilatation involving the jejunum (Fig1). Spiral enteroscopy revealed an ulceroproliferative neoplasm about 4 x 3 cm, involving more than half the circumference of jejunum(Fig2). Two weeks later, patient was admitted with abdominal pain. CT abdomen revealed dilated jejunal loops with bowel wall thickening and eccentric cavitation. A small loculated collection of size 3.6x1.8cm with a tiny air foci was seen along with minimal free fluid (Fig3). On laparotomy, a perforated tumor in proximal jejunum, 25 cm away from DJ flexure was identified. He underwent resection and end to end anastomosis. On histopathology, sections from jejunum showed transmural infiltration by a tumour arranged in sheets. The tumour cells were polygonal to epithelioid. Interspersed proliferated blood vessels were noted (Fig4,5).



The neoplastic cells show diffuse strong positivity for Pan CK, Vimentin and patchy positivity for CK7, CD31. CD34 highlighted the vessels(**Fig6**). IHC were negative for p40, CDX2, CK20, CK5/6, WT1, HMB45, SMA, CD117 and DOG1. Histopathology showed poorly differentiated sarcoma with IHC suggestive of Epitheliod Angiosarcoma.

Discussion

Epithelioid angiosarcomas are rare tumors, accounting for less than 1%. Angiosarcoma of small bowel may be associated with previous radiation treatment, chemotherapy, and chemical toxin exposure, specifically polyvinyl chloride. Angiosarcoma of small intestine can be considered as a differential diagnosis in a patient who presents with obscure gastrointestinal bleed

References

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