Tubulo-villous Adenoma of the Distal Ileum Presenting with SBO Like Symptoms

Vinay Jahagirdar, MD[1]; Wael T. Mohamed, MD[1]; Mohamed K. Ahmed, MD[1]; Zubaidah Khalaf, MD[2]; Hasan Bader, MD[3]; Evanthia Omoscharka, MD[2]; Esmat Sadeddin, MD[3]

[1]Department of Internal Medicine [2] Department of Pathology [3] Department of Gastroenterology

University of Missouri Kansas City School of Medicine, Kansas City, MO

1. INTRODUCTION

- Small bowel tumors (SBT) are rare and account for < 3% of all gastrointestinal tumors in the United States.
- Given their insidious presentation with non-specific symptoms, they can evade detection and cause delays in diagnosis.

2. CASE REPORT

- 74-year-old lady with abdominal pain, nausea, vomiting and abdominal distention since two days.
- **PMH** - Esophageal spasm, GERD, achalasia, hypertension, CKD with anemia and fibromyalgia
- **Surgical history**: Total abdominal hysterectomy.
- **Last colonoscopy** 10 years ago: 5 cm tubular adenoma; did not follow up with repeat colonoscopy in 5 years.
- **EGD** 8 years ago: Grade 1 reflux esophagitis.
- **Vitals**: PR 100/minute, BP 132/77.
- **Exam**: Abdomen soft and distended, tenderness in RUQ and epigastrium.
- **Labs**: Hb was 9.2 g/dL, consistent with her baseline.
- **Imaging**: CT abdomen suggested SBO with a transition point just proximal to the ileocecal valve.
- Made NPO and NGT was placed.
- Small bowel series ruled out an SBO.

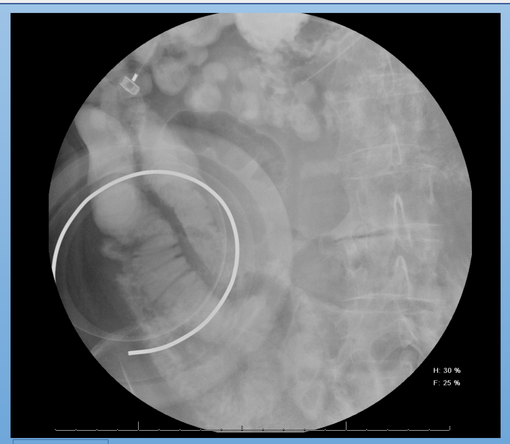

Fig A

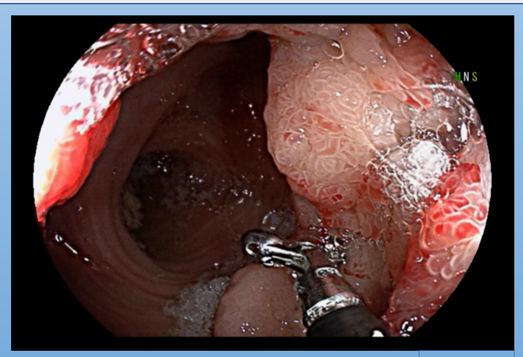

Fig B

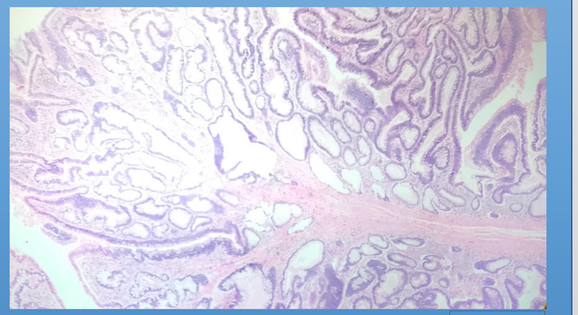

Fig C

A: **XR small bowel** with oral contrast suggestive of mucosal irregularity with narrowing around distal ileum.
B: Colonoscopy showing partially obstructing, circumferential villous mass, 8-10 cm from the ileocecal valve.
C: Histo-pathology showing epithelial finger-like projections away from the muscularis mucosae, lined by dysplastic epithelium.

Given their potential for malignant transformation, tubulo villous adenomas of small bowel must be removed, and patients should be monitored for recurrence.

- **Colonoscopy:** Partially obstructing, medium- sized, fungating, friable, infiltrative, circumferential, villous mass, 8-10 cm away from the ileocecal valve.
- **Histopathology:** Tubulo-villous (TV) adenoma with no signs of dysplasia or malignancy.
- Underwent Robotic-assisted ileocecectomy and recovered well. **Follow up colonoscopy** 4 months later showed healing ileocolonic anastomosis.

3. DISCUSSION

- Though the **small bowel** constitutes 90% of the surface area of the GI tract, it contributes to < 2% of GI malignancies. Reasons for this include the more liquid contents causing less mucosal irritation than solid colonic contents and rapid transit.
- Adenomatous polyps, the most common benign SBTs, have an epithelial origin. Histological types include tubular, villous and tubulo-villous. **Villous components, atypia or large size increase the risk for malignancy.**
- Presenting symptoms are nonspecific and they are commonly found unexpectedly during surgery in patients with SBO. Evaluation in symptomatic patients includes endoscopy with biopsies. Push, double-balloon, or video capsule endoscopy may be needed. Diagnostic laparoscopy or surgical exploration can help establish a definitive diagnosis.

Contact Information

Vinay Jahagirdar
PGY-2 IM Resident, UMKC
(917)496-1807
vinayjaha@gmail.com