Obscure Gastrointestinal Bleeding: A Case Series

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Obscure Gastrointestinal Bleeding: A Case Series

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Background

Obscure gastrointestinal bleed (OGIB) is defined as occult or overt bleeding of unknown origin that persists after initial negative endoscopic evaluation. After considering repeat endoscopies other assessment options include push enteroscopy (PE), video capsule endoscopy (VCE) and double-balloon enteroscopy (DBE). We describe two patients who presented with OGIB related to malignancy.

Case 1

A 43-year-old male presented with worsening fatigue and was found to have profound anemia requiring blood transfusion. No source of GIB was found on routine upper endoscopy and colonoscopy. VCE findings suggested a relatively proximal bleeding duodenal mass. A PE showed a duodenal AVM as well as a hemi-circumferential ulcerated mass in the third portion of the duodenum. Pathology was consistent with adenocarcinoma. Follow up abdominal and thoracic CT showed multifocal adenopathy with a mass in the distal duodenum. LN biopsy confirmed metastatic duodenal adenocarcinoma. Given his disease stage he was not felt to be a surgical candidate. He was started on FOLFOX therapy in an attempt to downstage his disease.

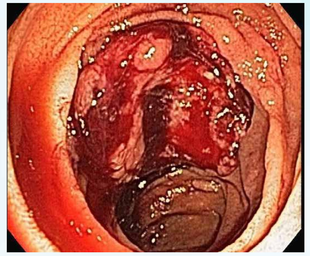

Figure 1. Hemi-circumferential ulcerated mass found to be adenocarcinoma of the small bowel on biopsy.

Case 2

A 60-year-old male with a prior history of localized tonsillar SCC treated with chemoradiation was deemed to have NED three years ago. He presented with six weeks of fatigue and melena. Initial laboratory evaluation confirmed iron deficiency anemia. A screening colonoscopy one month prior was normal. Inpatient EGD was unremarkable. VCE revealed bleeding in the jejunum. PE showed blood refluxing into the most distal reachable site. DBE revealed a circumferential luminal mass with denuded, ulcerated mucosa. Biopsy showed moderately differentiated SCC. Abdominal CT showed diffuse adenopathy with a focal area of small bowel thickening. Further evaluation and treatment are pending.

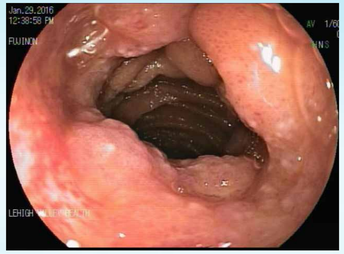

Figure 2. Circumferential jejunal mass found to be metastatic squamous cell carcinoma on biopsy.

Table 1. Common Causes of Obscure Gastrointestinal Bleeding

Over Age 50	Under Age 50
(Angioectasias (30-40%)	Tumors (carcinoid, leiomyoma, lymphoma, adenocarcinoma)
NSAID Enteropathy	
Inflammatory Bowel Disease	
Meckel's Diverticulum	
Dieulafoy's Lesions	

Discussion

Adenocarcinoma is the second most common malignant tumor of the small bowel after carcinoid tumor. It usually located in the duodenal region with an average age of diagnosis of 67. Seven percent of cases present with overt gastrointestinal bleeding. Primary small bowel malignancy is rare, accounting for 3% of gastrointestinal tract neoplasms and 0.5% of all cancers in the United States. Metastatic lesions to the small bowel are even more rare. They can be seen in the setting of peritoneal carcinomatosis with local extension. Melanoma, sarcoma, lung, breast, cervical and colonic tumors are more likely to spread to the small bowel hematogenously. Distant metastases from head and neck cancers can be found in 7.4% of patients using PET/CT, and most commonly involve the lungs, liver and bone. Gastroenterologists need to be considerate of small bowel neoplasms in patients with OGIB.

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