



A Case series of anemia due to small bowel diseases – an enteroscopy perspective

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AIM

To evaluate the diagnostic utility of enteroscopy in the evaluation of anaemia and in the diseases of the small bowel

Background

Anaemia due to chronic GI blood loss especially from a small bowel source is usually identified late owing to its masquerade of presentation and lack of proper tools to evaluate the cause in most of the peripheral centres. The diagnosis requires good clinical suspicion, laboratory and imaging backup, a technically sound endoscopist, a good rapport with the pathologist, an expert surgeon and above all else a patient with a lot of patience. This clinical case series depicts 3 cases of anaemia in 3 different age groups, all undergone through evaluation including enteroscopy and biopsy to come to a diagnosis. This proves the immense value enteroscopy brings when dealing with diseases of the small bowel.

Methods

This case series study represents 3 different diseases of the small bowel that had more or less the same initial presentation. Each case is depicted separately below starting from history, examination findings, lab investigations, imaging studies and enteroscopy and biopsy.

Case 1

History

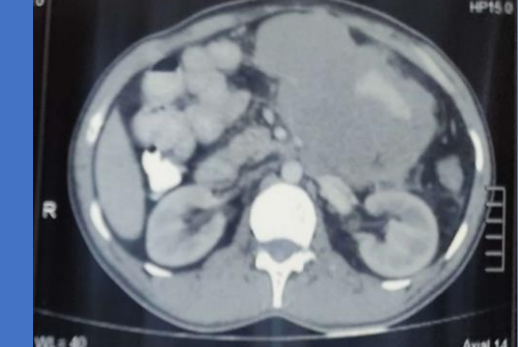
- 33/ M
 - Swelling in the abdomen 1 month duration
 - Pain in the abdomen
 - h/o weight loss – 10kgs
 - No altered bowel habits/ no constitutional symptoms
 - No significant past or family history
 - No h/o addictions
- General examination :
- Pallor +, no Icterus, No generalized lymphadenopathy
 - Vitals stable
 - Abdomen proper : Large 10 * 5 cm mass seen in upper abdomen, moves with respiration, less prominent on head lifting, tender, firm
 - No organomegaly
 - No shifting dullness



Investigations :

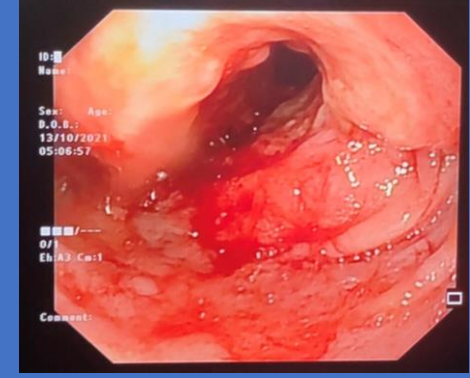
- CBC – TC 7700 (PMN 60%, L 40%), Hb- 8g, Platelet – 1.5L, ESR – 50
- LFT – N, RFT – N, RBS – N
- Viral markers HHH –ve
- Peripheral smear – Microcytic hypochromic anemia

Imaging :



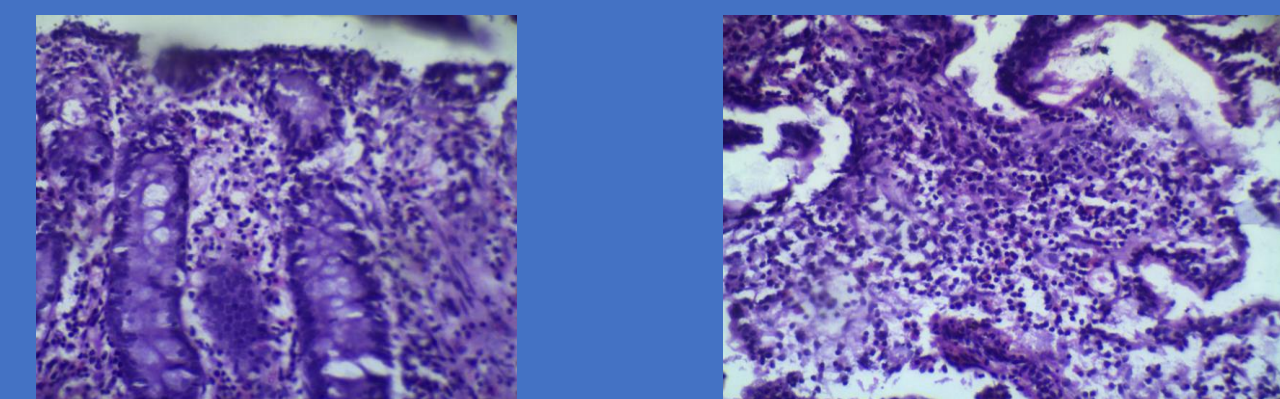
A large exophytic mass arising from the jejunal wall with internal circumferential wall thickening of 5.6mm extending 12cm

Enteroscopy



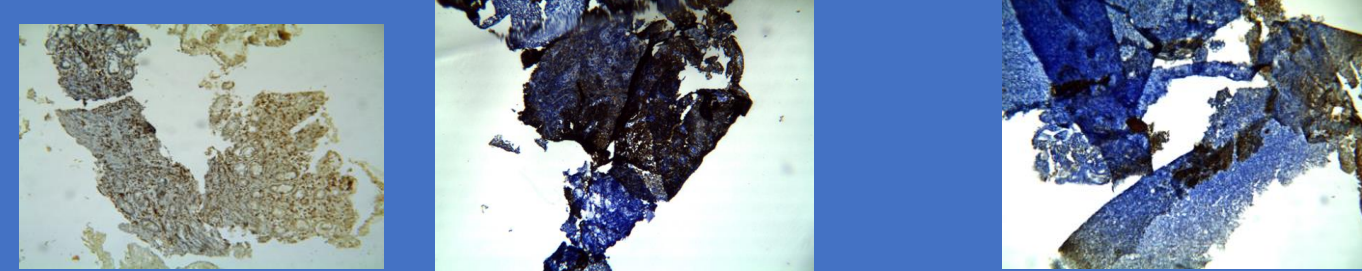
Enteroscopy shows ulceroproiferative lesion in jejunum with partial luminal narrowing

Histo-pathology



Diffuse infiltrate of medium sized lymphoid cells with moderate and eosinophilic cytoplasm and ovoid to angulated hyperchromatic nucleus

Immuno-histochemistry



Strong CD 3 +ve CD 20 –ve CD 15 –ve

Diagnosis

A Primary T – cell lymphoma of the jejunum

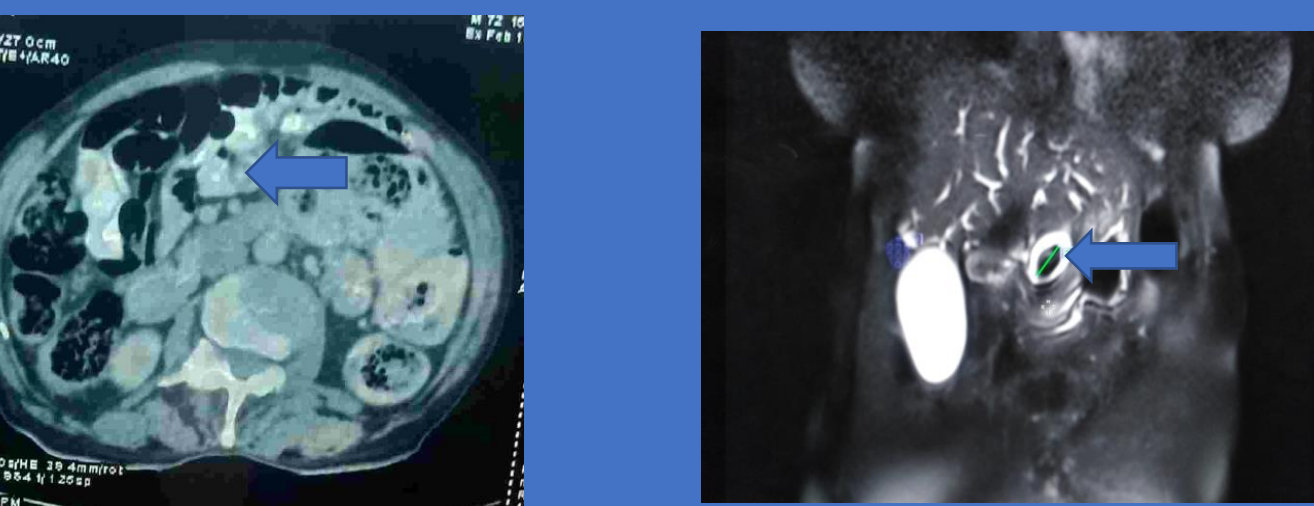
Case 2

History

- 72/M
 - Abdominal pain
 - Nausea, vomiting, Diarrhea 3 days
 - Melena for 1month
 - No abdominal distension, no perception of mass
 - No comorbidities, no addictions, no trauma, no surgery
- Examination
- Mod built and nourished
 - Pallor +, No icterus
 - Abdomen : soft, mild diffuse tenderness, no palpable mass, no organomegaly, no shifting dullness
 - PR – Tarry stools else normal
 - Other systems : Normal
- Laboratory investigations

	13/2/2020	15/2/2020	19/2/2020	22/2/2020
• CBC –				
Total count	20900	15,700	9000	9900
Hemoglobin	5.4	5.1	6.7	8.5
Platelet count	17.16 L	15.42 L	10.5 L	9.08L
• LFT –				
OT -170, PT - 70; PT-INR – 15.2/0.95 ; HHH –ve ; Amylase- N				
• RFT -				
Urea	56	42	35	
Creatinine	3.0	2.5	1.2	

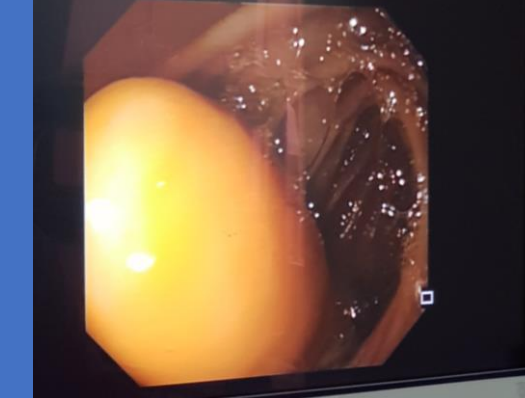
Imaging



CECT imaging shows small smooth lesion within the jejunal lumen with jejuno-jejunal intussusception

MRI abdomen shows similar finding

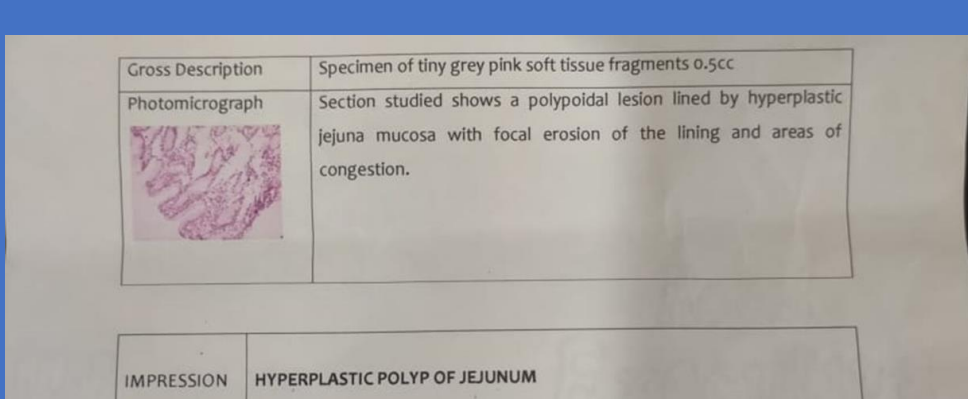
Enteroscopy



Enteroscopy shows a polyp in the jejunum



Snare polypectomy was done and sent for histo-pathological examination



Diagnosis

Jejuno-jejunal intussusception due to hyperplastic polyp in the jejunum

Case 3

History

- 52/F
- Easy fatigability
- h/o melena
- h/o blood transfusion recently
- No weight loss
- No abdominal distension or pain

Examination

- Pallor + Icterus –ve Pedal edema absent
- CVS RS Normal

P/A normal

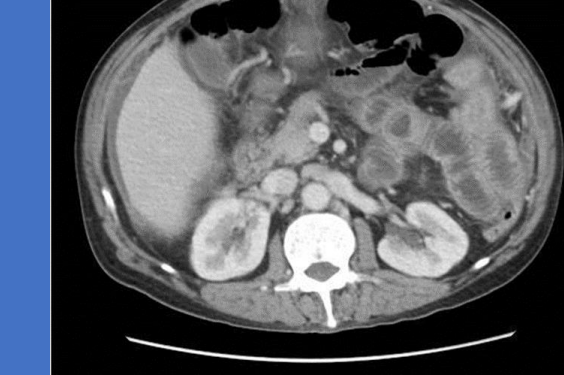
Investigation

- CBC : Hb 7 MCV 60
- LFT: N RFT: N HHH : -ve

Imaging

USG abdomen Normal study

CECT abdomen : Normal study



OGD : Normal study

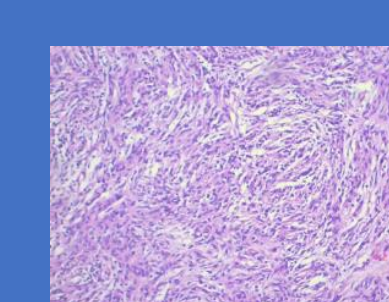
Colonoscopy : Normal study

Enteroscopy



Enteroscopy shows a mass lesion in mid jejunum with smooth surface and central ulceration

Histology



Proliferation of spindle cells with fibrillar eosinophilic cytoplasm with central fusiform nucleus with fine granular chromatin suggestive of GIST

Diagnosis

GIST arising from Jejunum

Conclusion

In all the three cases, the diagnosis and treatment greatly depended upon the use of enteroscope. A video capsule endoscope can also give imaging details of the small bowel but biopsy and endotherapy if needed to be done is not possible with a video capsule endoscopy. Diseases of the small bowel are the least presented case to a gastroenterologist but still are very challenging and requires a great deal of time and money in evaluating these diseases and as such these group of diseases gets easily missed out in the peripheral population who have lack of access to these technical modalities. In the current study, case1 patient underwent CHOP regimen and lost to follow-up. The case 2 patient got better following removal of the polyp and in subsequent follow-up had no complaints related to the abdomen and had no further drop in haemoglobin. The case 3 patient underwent surgery for her GIST and did not follow-up afterwards.

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