

An uncommon cause of overt small bowel bleeding

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Question

An 84-year-old man with atrial fibrillation under Dabigatran and surgically-resected colorectal neoplasia was admitted with 1-day hematochezia with hemodynamic stability. His past medical history was relevant for intermittent hematochezia episodes over several months with inconclusive conventional endoscopic study. Laboratory analysis revealed severe iron-deficiency anemia (Hg-5.4 (N:13-17g/dL)), aPTT 54.8 (N:25-34seconds) and INR 1.56. Upper and lower gastrointestinal endoscopy were non-diagnostic. A small bowel capsule endoscopy was performed showing a subepithelial lesion at the proximal jejunum (Fig. 1A). Subsequent antegrade double-balloon enteroscopy confirmed the presence of a caterpillar-shaped subepithelial lesion at the proximal jejunum with 20mm in diameter (Fig. 1B), which was tattooed with SPOT[®] (GI Supply, Camphill, PA, USA).

What is the diagnosis and how it should be managed?

Answer

Heterotopic pancreas of the jejunum

A 24mm segmental enterectomy guided by previously tattooed site was performed. The surgical specimen revealed a submucosal lesion with muscular layer involvement in depth. Histopathology showed pancreatic exocrine components, including ducts, some of them with columnar metaplasia, and acini, compatible with heterotopic pancreas (Heinrich type II) (Fig. 2). The patient had an uneventful 1-year follow-up without bleeding recurrence or anemia.

Heterotopic pancreas lacks both anatomical and vascular continuity with the main body of the pancreas and often occurs in the stomach and duodenum. It is usually detected incidentally or on autopsy. Symptoms and complications are related to the size (>15mm) and mucosal relation of the lesion. We report the case of a symptomatic heterotopic pancreas of the jejunum presenting with overt small bowel bleeding as a rare entity with an unusual location (0.5-16.3% in the jejunum). It was detected by video capsule endoscopy and double-balloon enteroscopy with suggestive caterpillar shape. The definitive preoperative diagnosis is difficult. Small bowel endoscopy is crucial to identify and mark the lesion for surgical referral. Laparoscopic surgery with

limited resection has been shown to be an effective and safe procedure for symptomatic cases and also to exclude malignancy.

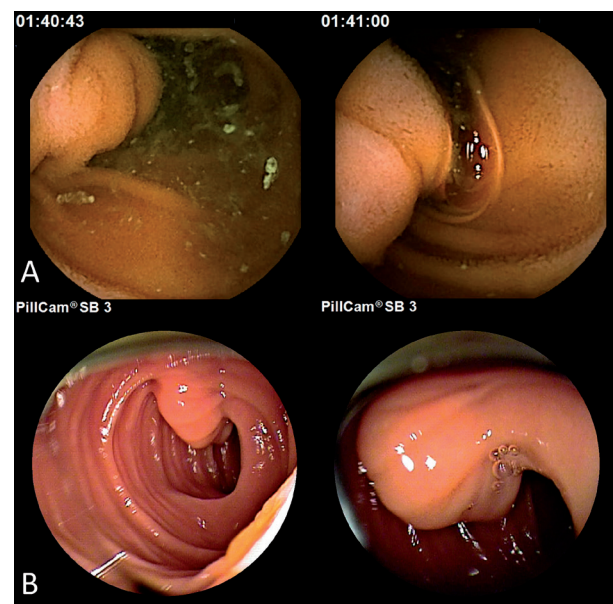


Figure 1. — (A) Small bowel capsule endoscopy showing a subepithelial lesion at the proximal jejunum; (B) Antegrade double-balloon enteroscopy revealed a caterpillar shape subepithelial lesion with a 20mm in diameter at the proximal jejunum.

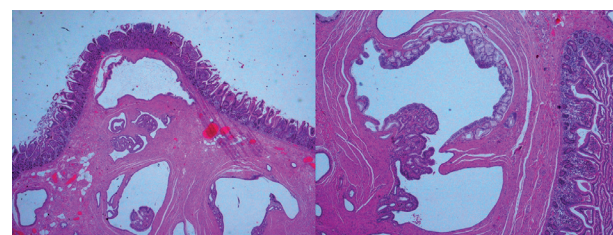


Figure 2. — Histopathological appearance of the resected subepithelial lesion of the small bowel corresponding to a heterotopic pancreas (H&E, 20x and 40x).

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