JEJUNAL LEIOMYOMA AS A CAUSE OF OBSCURE GASTROINTESTINAL TRACT BLEEDING.
Poowanawittayakom, Nongnooch¹; Chaikriangkrai, Kongkia²; Charoenpong, Prangthip¹
¹Advocate Illinois Masonic Medical Center, Internal Medicine, Chicago, USA; ²Methodist Hospital, Internal Medicine, Houston, USA

Introduction: Lower gastrointestinal bleeding (LGIB) is a common problem in acute care setting. Most are caused by colonic pathology including diverticulosis, angiodysplasia and colon cancer. Jejunal bleeding is rarely the cause. We present a case of jejunal leiomyoma as the cause of obscure LGIB.

Objectives: none

Methods: none

Results: A 48-year-old Asian male with hypercholesterolemia presented with a one day history of hematochezia and dizziness. The bleeding was painless and associated with non-bloody emesis. His heart rate was 107/min and his blood pressure 117/69. Physical examination was unremarkable including non tender, non distended abdomen. His hemoglobin on presentation was 10 g/dL with a nadir of 6.6 g/dL. He received 6 units of pack red cell and 2 units of fresh frozen plasma transfusion in the first 24 hrs. The day after admission, patient underwent esophago-gastro-duodenoscopy (EGD) and colonoscopy. EGD showed mild erosive gastritis and duodenitis. Colonoscopy showed non bleeding hemorrhoid and fresh blood in the colon. He then underwent a radionucleotide bleeding scan which showed active hemorrhage in the central small bowel, distal sigmoid and proximal rectum. Upon the admission, he had ongoing hematochezia. Mesenteric angiography was then performed but did not show any sources of bleeding and was otherwise normal examination. At the time of angiography, the patient Hb was 9.7 g/dl. He was hemodynamically stable but Hb dropped to 7.5 g/dl prompting a repeat EGD with push enteroscopy and a repeat colonoscopy which showed mild duodenitis, but was otherwise normal to the mid-jejunum. The colonoscopy demonstrated non bleeding sigmoid diverticulosis and a normal terminal ileum to 20 cm without evidence of active bleeding. Contrast-enhanced CT enterography was performed. The CT enterography revealed a 2.7 cm homogeneously enhancing hyperdense mass in the wall of the jejunum likely representing a gastrointestinal stromal tumor, with neuroendocrine tumor, carcinoid or other primary mass considered less likely. The patient underwent exploratory jejunal resection. Pathological examination confirmed the diagnosis of leiomyoma as noted by a bland proliferation of spindle cells without significant mitotic activity or necrosis. Immunohistochemical staining demonstrated the tumor cells positivity for smooth muscle actin and desmin and negativity for CD117 and CD34. In total, he received 10 units of pack red blood cell transfusions.