Clinical picture

Obscure gastrointestinal bleeding revealed by abdominal ultrasound

A 62-year-old woman was referred to our clinic because of progressive anemia and intermittent lower abdominal pain for 6 months. She suffered from diabetes and had undergone hysterectomy for uterine myoma. The case was managed as adhesion ileus, but progressive anemia and positive stool blood test was observed during this period. Both upper endoscopy and colonoscopy were normal. Laboratory examinations revealed anemia (Hb 9.0 g/dl) and elevated carcinoembryonic antigen levels (35.8 ng/ml, normal <5 ng/ml). An abdominal ultrasound revealed segmental small bowel wall thickening (Figure 1) with several enlarged regional lymph nodes (Figure 2). Furthermore, abdominal computed tomography (CT; Figure 3) revealed focal bowel thickening in the ileum and increased contrast enhancement. A 6-cm tumor was found in the ileum (Figure 4) during surgery. Histopathological examination revealed ileal adenocarcinoma with regional lymph node metastasis. The patient was referred to an oncology clinic for chemotherapy.

Primary small bowel adenocarcinoma is very uncommon with a reported incidence of <1.0 per 100 000 individuals. Small bowel adenocarcinoma usually affects individuals within the age of 50–70 years. Patients with inflammatory bowel disease, celiac disease, familial adenomatous polyposis or Peutz–Jeghers syndrome have increased risk of

![Figure 1. Abdominal ultrasound revealed segmental bowel wall thickening (arrow) without proximal bowel luminal dilatation. The bowel wall was hypoechoic and had lost the normal bowel wall layers.](image1)

![Figure 2. Abdominal ultrasound revealed enlarged lymph nodes (LNs) surrounding the lesion (bowel wall).](image2)
developing small bowel tumor. Except for tumors located in the duodenum, diagnosis is usually difficult and delayed. Patients may present with abdominal pain, obscure gastrointestinal bleeding and intestinal obstruction depending on the size of the tumor. Diagnosis is usually made at surgery and less often using CT or enteroscopy. Diagnosis of small bowel tumor with abdominal ultrasound is difficult as demonstrated in this case. The 5-year survival of these patients is <30%, because most of them are diagnosed at advanced stages.

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References