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Double-balloon enteroscopy-assisted polypectomy for a solitary jejunal Peutz–Jeghers polyp causing anemia

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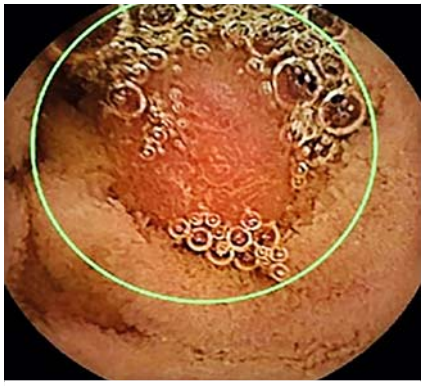
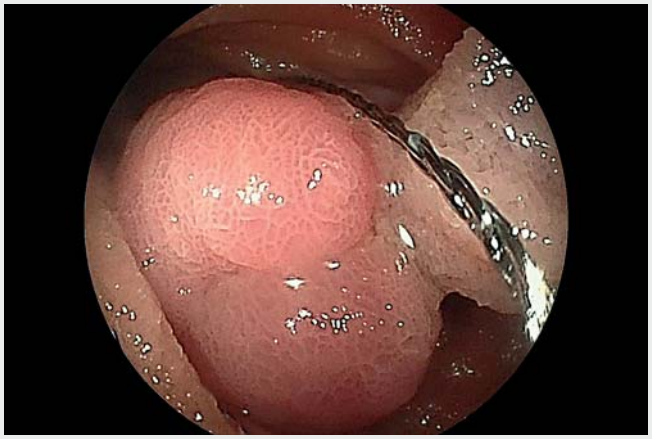


▶ **Fig. 1** Capsule enteroscopic view of a reddish tumor in the proximal small intestine.



Video 1 Double-balloon enteroscopy-assisted polypectomy for a solitary Peutz–Jeghers polyp in the jejunum.

A 53-year-old man with no family history of hereditary disease was referred to our hospital for evaluation of anemia. He had a 2-year history of postprandial nausea and discomfort in the upper abdomen. There was no hyperpigmentation of the oral mucosa or skin on physical examination. Esophagogastroduodenoscopy and colonoscopy performed at his previous hospital had revealed no specific findings. Laboratory data showed iron deficiency anemia, with a hemoglobin level of 6.0 g/dL. Abdominal computed tomography was unremarkable.

Capsule enteroscopy detected a reddish tumor in the proximal small intestine ▶ **(Fig. 1)**, but there were no other polyps. Peroral double-balloon enteroscopy (DBE) identified a 30-mm polyp in the jejunum (▶ **Video 1**), which had a slightly lobulated head and stalk (▶ **Fig. 2a, b**). After ligating the stalk with a detachable snare to prevent bleeding, we achieved en bloc resection with polypectomy (▶ **Fig. 2c**). Histopathological examination of the resected specimen revealed radially branching muscularis mucosa and growth of the lamina propria with no atypia, indicating a diagnosis of a solitary Peutz–Jeghers polyp (▶ **Fig. 3**). After undergoing this endoscopic treatment, the patient's abdominal symptoms immediately disappeared and his anemia improved.

Solitary Peutz–Jeghers polyp is defined as a hamartomatous polyp, having similar histopathological findings to the polyps found in Peutz–Jeghers syndrome, in patients without a family history or mucocutaneous pigmentation [1]. Solitary Peutz–Jeghers polyp is rare, especially in the jejunum, and can cause gastrointestinal bleeding and intussusception [2, 3]. Most jejunal cases have been treated with surgery and only a few cases have been endoscopically resected [2, 4]. Earlier studies reported that solitary Peutz–Jeghers polyps tended to present with lobulated and pedunculated morphology [1, 5]. Therefore, if suspected, endoscopists should carefully look for a stalk and consider endoscopic resection, even when the polyp is large.

In our patient, the use of DBE and a detachable snare allowed safe resection of a symptomatic solitary Peutz–Jeghers polyp in the jejunum, thereby avoiding the need for surgery.

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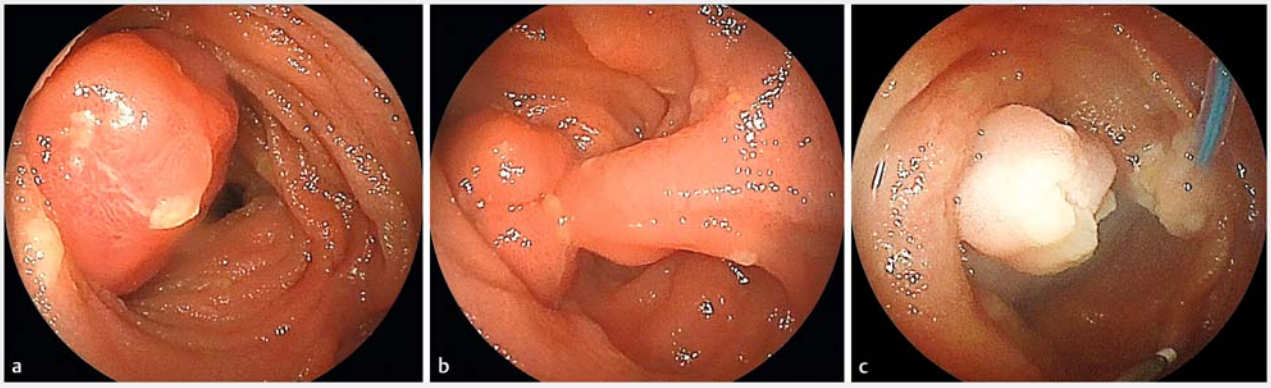
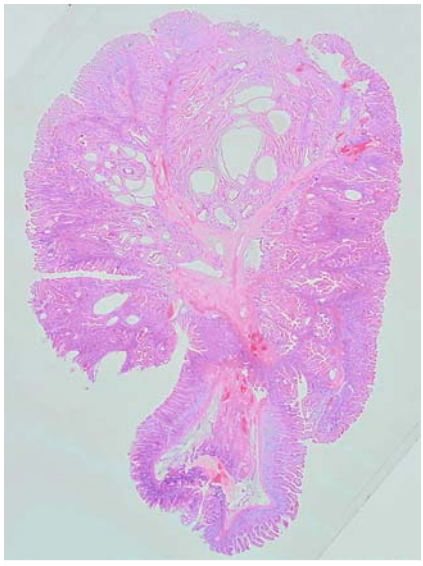
Competing interests

The authors declare that they have no conflict of interest.



▶ **Fig. 2** Images during peroral double-balloon enteroscopy (DBE) showing: **a** a 30-mm lobulated polyp in the jejunum; **b** a thick stalk visible on careful endoscopic observation of the jejunal polyp; **c** appearance after DBE-assisted polypectomy with a detachable snare.



▶ **Fig. 3** Histopathological image of a solitary Peutz-Jeghers polyp showing radially branching muscularis mucosa and growth of the lamina propria without atypia.

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