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Endotherapy for small-bowel recurrent bleeding from a jejunal cavernous hemangioma in an elderly patient

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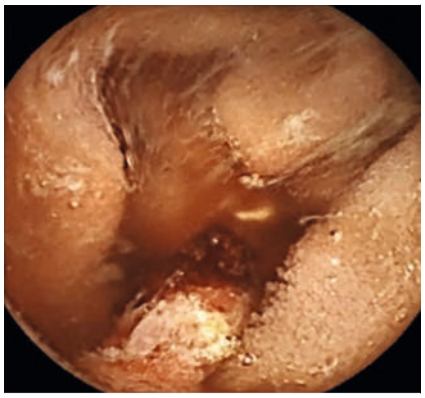
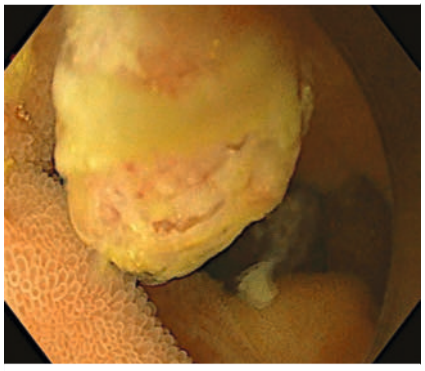


▶ **Fig. 1** Capsule endoscopy detected a jejunal P2 lesion (Saurin classification).



▶ **Fig. 2** Enteroscopic image of the ulcerated 5-mm polyp in the mid jejunum.

An 83-year-old man, with a history of hypertension, diabetes, and chronic liver disease, presented to the emergency room with fatigue and melena. Blood tests revealed iron-deficiency anemia (Hb 6.5 g/dL). Esophagogastroduodenoscopy (EGD) showed a Forrest III ulcer in the gastric antrum and a small, nonbleeding gastric angiodysplasia, which was treated with argon plasma coagulation. As colonoscopy was unremarkable, the patient was discharged after a few days.

The patient was readmitted 3 months later for recurrence of bleeding. Repeat EGD was negative for bleeding lesions; therefore, capsule endoscopy was performed in < 48 hours. Capsule endoscopy showed a 5-mm ulcerated polyp with an adherent clot in the jejunum (Saurin P2 lesion) (▶ **Fig. 1**). A push enteroscopy (SIF-H190; Olympus, Tokyo, Japan) was then performed, confirming the finding of a sessile polyp in the mid jejunum (▶ **Fig. 2**), which was removed en bloc with a braided snare after submucosal injection. Finally, the base was prophylactically closed with hemoclips (▶ **Fig. 3**, ▶ **Video 1**).

Histology of the specimen showed jejunal nondysplastic ulcerated mucosa, with vascular proliferation and dilation of the capillaries (▶ **Fig. 4**). The results were consistent with the diagnosis of cavernous hemangioma.

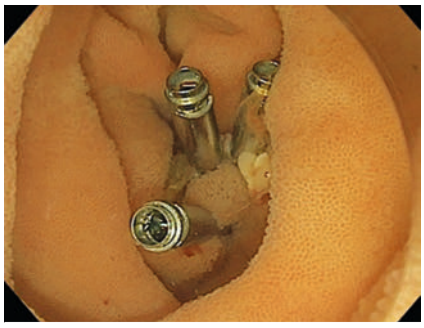
Cavernous hemangiomas are rare vascular malformations of mesenchymal origin, potentially involving the small bowel and accounting for 7 %–10 % of all benign tumors in this gastrointestinal segment [1–3]. Similarly to other benign small-bowel tumors, cavernous hemangioma may remain asymptomatic for many years before becoming clinically manifest, usually with iron-deficiency anemia or with gastrointestinal bleeding (either overt or occult, often intermittent) [4, 5]. Although small-bowel cavernous hemangioma is mostly common in the young, elderly patients may also be affected [1, 3].

At a 3-month follow-up, the patient remained asymptomatic with no bleeding recurrence, showing that enteroscopic resection is a safe therapeutic option for cavernous hemangioma.

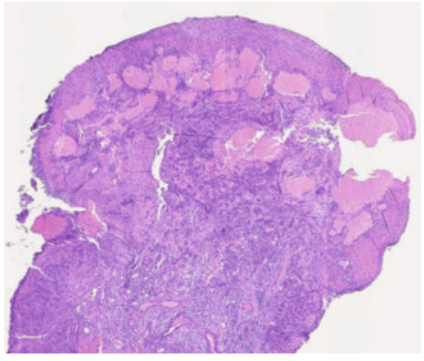
Endoscopy_UCTN_Code_TTT_1AP_2AD

Conflict of Interest

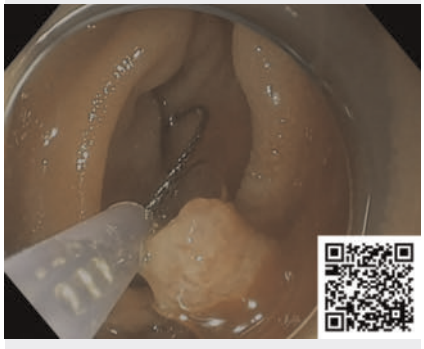
The authors declare that they have no conflict of interest.



▶ **Fig. 3** The cutting base was closed with hemoclips after mucosal resection.



▶ **Fig. 4** Histological diagnosis of cavernous hemangioma.



Video 1 Capsule endoscopy diagnosis and enteroscopic resection of a jejunal cavernous hemangioma in a patient with recurrent bleeding episodes.

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