

Small Bowel Neoplasms

Moderators: Steven Fern, DO

Sreenivas Jonnalagada, MD

Case 1

- 42 year old male with intermittent bright red blood per rectum and melena
 - EGD and colonoscopy at OSH
 - unremarkable
 - Meckels scan
 - negative
 - CT scan at OSH
 - negative
 - Patient was referred for capsule endoscopy

Capsule Endoscopy



- Gastric passage time 6 minutes
- The abnormality appeared at 1 hr 13 minutes and intermittently thereafter till end of recording
- Colon was not entered

This is a video clip

AQ#1. what is your diagnosis?

1. GI stromal tumor
2. adenocarcinoma
3. Carcinoid tumor
4. Benign NSAID induced ulcer
5. Meckel's Diverticulum

Lauren Gerson

- Are there any characteristic features in the capsule endoscopic appearance of this lesion which are helpful in identifying its etiology?

Elliott Fishman

- What is the negative predictive value of a Meckel's scan?
- What is the value of Meckel's scan in present day with availability of other imaging modalities for small bowel lesions?

Robert Cima

- Is this patient ready for exploratory laparotomy/laparoscopy without further diagnostic testing ?
 - based on history and Capsule endoscopy findings

Case 1 (contd.)

- Repeat EGD and colonoscopy at OSH 2
 - negative
- Repeat CT scan at OSH 2:
 - 1.7 x 3.3 cm hypo-attenuating mass in the distal ileum in the right pelvis
 - ?clot versus neoplasm

AQ2. What would be appropriate next step in management ?

1. Enteroscopy (Single or Double balloon)
2. Enterography (CT or MR)
3. Laparotomy for resection of this lesion
4. Watch and wait, monitor H/H

Lauren Gerson

- What are the current criteria for localization of a lesion on small bowel capsule endoscopy?
- And how accurate are these criteria?

Elliott Fishman

- Is there a role for CT/MR enterography in this Patient
 - diagnosis vs localization of this lesion

Robert Cima

- Does this patient need enteroscopy (double balloon enteroscopy or spirus) for localization and diagnosis prior to laparotomy/laparoscopy?
- Is there a role for intraoperative enteroscopy in patients with suspected small bowel tumor?

Case 2

- A 68 year old man has
 - Hct of 28 with low serum iron and ferritin levels.
 - His stool is guiac positive on two occasions without evidence of overt GI bleed.
- No significant past medical history
- P/E: normal
- EGD and colonoscopy: Normal
- Capsule endoscopy: Normal study
- Patient is given 2 units of pRBC.
- Patient's stool is again found to be guiac positive 3 months later by PCP

AQ3: What would be your next step in management?

1. Single/Double balloon enteroscopy
2. MR/CT enterography
3. Repeat EGD/Colonoscopy and capsule endoscopy
4. Meckel's scan
5. Begin iron supplementation and monitor H/H

Lauren Gerson

- How does one decide whether to watch and wait and begin iron supplementation or proceed with further evaluation?

Robert Cima:

- What is the goal for diagnostic work-up in a patient with persistent guiac positive stools
 1. With anemia requiring transfusions
 2. Anemia not requiring transfusions
 3. No anemia

Elliot Fishman

- What radiologic tests are appropriate for evaluation of this patient
 - Is there a role for small bowel follow through (SBFT) or small bowel enteroclysis (SBE) in present times?

Case 2 (contd.)

After several months of monitoring and iron oral supplementation,

- his Hct continue to drift down and
- he remains guiac positive?

AQ 4. What is the next appropriate step in management

1. Repeat EGD/Colonoscopy/capsule endoscopy
2. Single/Double Balloon enteroscopy
3. MR/CT enterography versus standard CT scanning
4. Continue iron supplementation and monitoring of H/H
5. Refer to hematology

Lauren Gerson

- What is the role of repeat endoscopic evaluation in the patient with iron deficiency anemia?
- When is enough enough?

Elliott Fishman:

- Is there a role for CT or MR enterography in this patient at this time

Robert Cima:

- What is the role of exploratory laparotomy/ laparoscopy in the patient with iron deficiency anemia and negative endoscopic work-up?