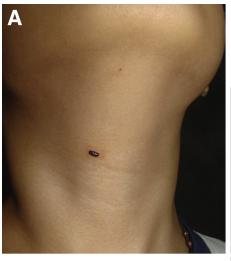
Bilal Hameed, Uma Mahadevan, and Kay Washington, Section Editors

A Rare Cause of Chronic Anemia and Recurrent **Bowel Obstruction**

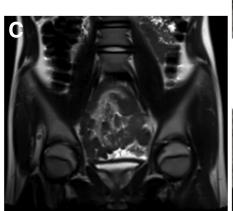
Shan-Ming Chen, 1,2 Teng-Fu Tsao, 3,4 and Hsiang-Lin Lee 5,6

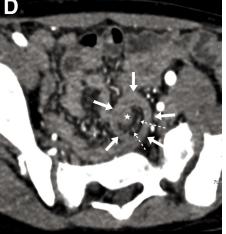
¹Department of Pediatrics, Chung Shan Medical University Hospital, ²Department of Pediatrics, School of Medicine, ³Department of Medical Imaging, Chung Shan Medical University Hospital, ⁴Department of Medical Imaging, School of Medicine, Chung Shan Medical University, 5 Department of Surgery, Chung Shan Medical University Hospital, 6 Institute of Medicine, Chung Shan Medical University, Taichung, Taiwan



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iron deficiency anemia for which he had taken oral iron supplementation for 2 years. He also complained of intermittent right hip pain in recent years. He had no weight loss, no prolonged fever or abdominal pain, bowel movements, except for dark-colored stool at times. He was referred to our pediatric clinic because his stool was guaiac positive, where his hemoglobin level was 6.6 g/dL and platelet count, blood clotting time, C-reactive protein level, and urinalysis results were normal.

Question: A 12-year-old boy

presented with a history of

Physical examination revealed multiple small (2- to 7-mm), nontender, compressible dark-bluish skin lesions on his trunk, fingers, toes, and neck (Figure A). Double balloon enteroscopy showed multiple wine-red colored nodular lesions in the proximal jejunum, ileum, transverse colon, and sigmoid colon. Some of the small bowel lesions were actively oozing blood (Figure B). In addition, coronal T2-weighted magnetic

resonance images through the pelvis showed a lobulated, high signal intensity lesion (6.0 \times 2.1 \times 1.8 cm) containing an oval low signal intensity focus in right gluteus minimus muscle located near the right hip joint (Figure C).

Two episodes of colicky lower abdominal pain occurred during 18 months of follow-up. Abdominal computed tomography revealed the outer received intussuscipien (arrows) and the inner prolapsed intussusceptum (star), as well as mesenteric fat and vessels (dashed arrows) in lower abdomen (Figure D).

ELECTRONIC CLINICAL CHALLENGES AND IMAGES IN GI

What is the diagnosis?

See the *Gastroenterology* web site (www.gastrojournal.org) for more information on submitting your favorite image to Clinical Challenges and Images in GI.

Conflicts of interest

Q1 The authors disclose no conflicts.

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