

Clinical Image

Unusual Cause of Lower GI* Bleeding

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A 58 year-old male presented with 3-day history of painless, intermittent, bright red rectal bleeding associated with dizziness, fatigue and dyspnea. He appears pale with soft, non-tender abdomen. Hemoglobin is 7.1gm/dL. A colonoscopy showed blood in cecum without lesion. A computed tomography (CT) scan showed the lesion (Figure1). A laparoscopic en bloc segmental small bowel resection was performed.

The most common presentation of this condition is:

- A. Lower gastrointestinal bleeding
- B. Abdominal pain
- C. Weight loss
- D. Abdominal mass

Answer is (B)

Abdominal pain is the most common symptom in adult intussusception followed by vomiting and nausea or obstructive symptoms [1,2]. Other rare presentations include bleeding, abdominal masses, and diarrhea [1-4]. About 90% of cases have a



Figure 2: Gross picture of en bloc resected segment showing an intramuscular small bowel lipoma associated with mucosal ulceration.

lead point with the majority (70%) of these in the small bowel such as sub mucosal lipoma, polyp, and intussuscepting Meckel diverticulum [2,3]. This patient has intramuscular small bowel lipoma with mucosal ulceration (Figure 2).

Foot Note:

*Gastrointestinal bleeding

References

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Figure 1: A CT scan of the abdomen showing enteroenteric intussusception of the distal small bowel.