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No Gastrointestinal Bleed Too Obscure: A Case Series Report of Small Bowel Phlebectasias

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INTRODUCTION

- Phlebectasias are rare benign venous varicosities of the gastrointestinal (GI) tract occurring in patients without portal hypertension and are primarily seen in elderly patients
- They comprise of markedly dilated tortuous veins with a normal vascular wall and scant connective tissue stroma.
- Phlebectasias are frequently found in the jejunum but can occur anywhere in the GI tract.
- They can also involve the oral cavity, usually occurring at the base of the tongue called (caviar spots) or sublingual phlebectasias, and in the scrotum (Fordyce lesion).
- They are usually asymptomatic, but can present with acute gastrointestinal bleeding or chronic anemia.

CASE PRESENTATION

Case 01

- An 82-year-old male with history of gastric ulcer was admitted for evaluation of melena.
- Initial evaluation with Esophagogastroduodenoscopy (EGD) was suggestive of healing gastric ulcer and colonoscopy was negative for any active source of bleeding.
- Patient was admitted again after three months for evaluation of melena with worsened hemoglobin drop.
- Repeat EGD during that admission showed healed gastric ulcer.
- Further evaluation with VCE showed multiple diffuse nodular black lesions in the small bowel (Image 1a).
- Double Balloon Enteroscopy (DBE) showed numerous vascular-appearing black/blue nodular lesions in the duodenum and jejunum consistent with phlebectasias (Image 1b and 1c).
- The patient is currently doing well and is being monitored as an outpatient with regularly with stable hemoglobin levels.



Image 1a: Showing phlebectasias on VCE

Image 1b and 1c: Showing small bowel phlebectasias on DBE

Case 02

- A 78-year-old male was admitted for evaluation of melena.
- Initial evaluation with an EGD showed gastritis and a small hiatal hernia.
- Colonoscopy showed 8mm polyp which was removed and histopathology showed a polyp that was biopsied and histopathology of the same was suggestive of tubular adenoma.
- Given persistent and worsening anemia, VCE was performed which showed multiple phlebectasias (Image 2a) throughout the small bowel with active bleeding noted from one lesion. (Image 2b and 2c).
- Patient was managed conservatively with IV hydration and blood transfusion and was discharged with a stable hemoglobin noted over a period of 3 days.
- Since diagnosis, patient is being closely followed up as an outpatient with serial hemoglobin levels that have been stable.

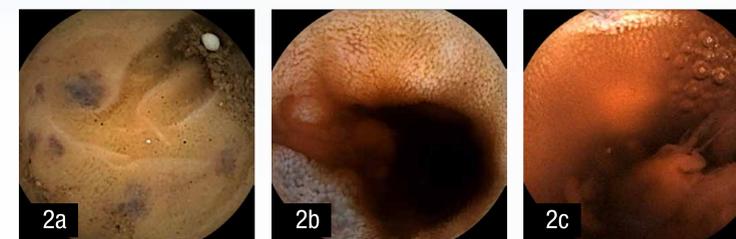


Image 2a: Showing phlebectasias on VCE

Image 2b and 2c: Active bleeding noted from one of the phlebectasias on VCE

DISCUSSION

- Gastrointestinal vascular anomalies account for 2-8% of all cases of bleeding, and 30-40% of all obscure hemorrhages and are the most frequent cause of occult bleeding in elderly population.
- Phelebectasias are usually multiple small discrete blue-black lesions that are located in the submucosa or the serosa and found incidentally during surgery or at autopsy.
- The mainstay of treatment of intestinal phlebectasias is surgical resection of the involved segment.
- However, the advent of VCE and DBE has opened doors for diagnostic and potential therapeutic interventions in management of obscure GI bleeding.
- There has been one isolated case report where Endoscopic Injection Sclerotherapy (1.0% polidocanol solution) at DBE resulted in resolution of phelebectasias.
- However more awareness and studies of this condition are needed considering lack of clinical trials outlining optimal treatment of this condition.
- Our case series illustrates the importance of continued evaluation in obscure GI bleeding and highlights the utility of VCE in diagnosing phlebectasia as a source of GI bleeding and chronic anemia.

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