

Photoclinic

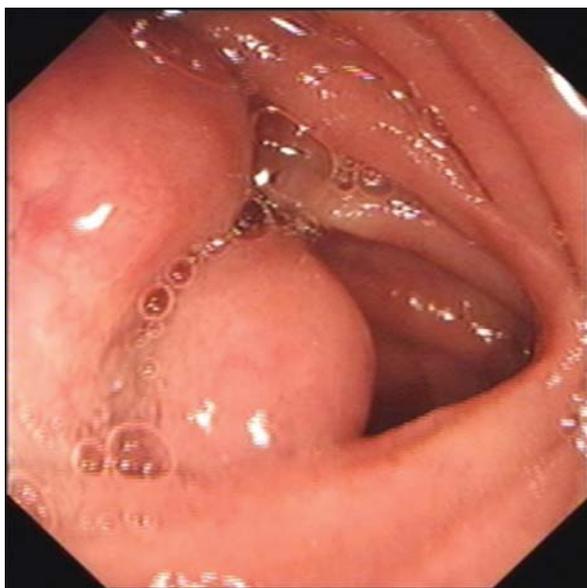


Figure 1. Proximal jejunum

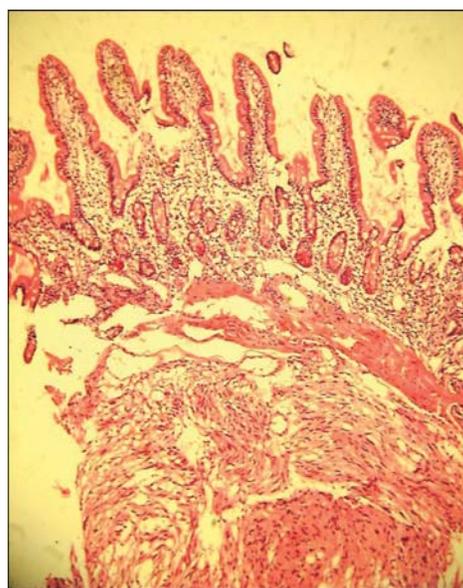


Figure 2. Submucosal area

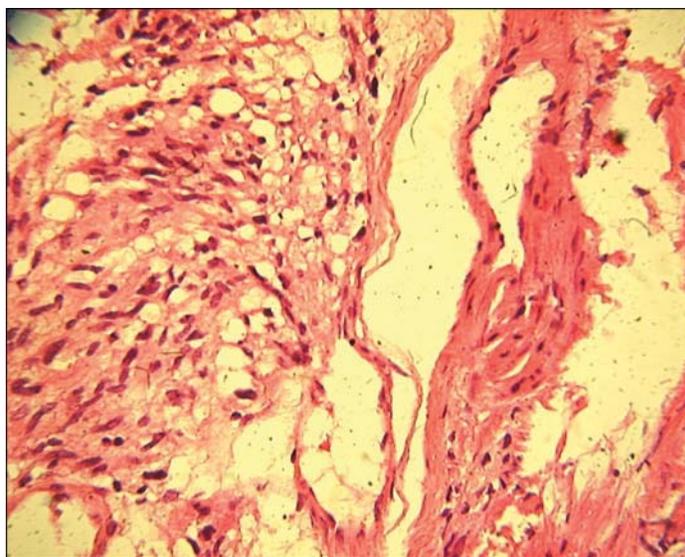


Figure 3. High power view of the tumoral lesion

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A 65-year-old woman was admitted to the hospital because of rectorrhagia and hypotension. Her hemoglobin level was 5 g/dL at

the time of admission. After resuscitation, upper gastrointestinal endoscopy and total colonoscopy were performed and revealed no abnormality. Push enteroscopy was performed and the following lesion was found in the proximal jejunum (Figure 1).

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**What is your diagnosis?
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Photoclinic Diagnosis:**Leiomyoma**

There was a large bi-lobed mass with an overlying normal appearing mucosa in the proximal jejunum (Figures 1). Endoscopic mucosal biopsies of the lesion were performed and showed a neoplasm composed of interlacing bundles of cells with rather uniform spindle shaped nuclei just below the muscularis mucosa occupying the submucosal area (Figure 2). High power view of the tumoral lesion showed regular and uniform nuclei and lack of mitotic activity (Figure 3). The above features are diagnostic for leiomyoma. The tumor was surgically resected and was found to be a dumbbell shaped firm mass with distinct borders from the surrounding tissue. The diagnosis of jejunal leiomyoma was reconfirmed in the resected tumor. The patient was well after 8 years of follow up. This patient represents a typical case of obscure gas-

trointestinal (GI) bleeding. Small bowel tumors comprise about 5 percent of cases of obscure GI bleeding.¹ The diagnostic yield of push enteroscopy is 40 to 50 percent in GI bleeding of obscure origin. Newer endoscopic modalities such as wireless capsule endoscopy and double balloon enteroscopy could improve the ability to identify the site of bleeding when the site of the lesion was beyond the reach of push enteroscope.

References

1. Lewis BS, Kornbluth A, Waye JD. Small bowel tumors: Yield of enteroscopy. *Gut*. 1991; **32**: 763 – 765.