

Obscure; “What Eyes Cannot See” A Case Study– Diagnostic Challenges for Obscure GI Bleed

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Abstract:

Obscure GI bleeding is an umbrella term used for the bleeding of uncertain cause that persist or recurs after a nondiagnostic OGD, colonoscopy and SB barium. There are 2 types, Obscure Occult GI bleed, with Positive FOBT usually in association with unexplained IDA and Obscure Overt GI bleeding, with Visible/ obvious acute GIB in form of Malena / haematochezia, from difficult to identify source. Our case focuses on later.

We present a 52 M who required 3 hospital admissions with symptomatic anaemia and malena over 3 months. The first 2 admissions were managed medically with blood transfusion as OGD was normal. CT abdomen pelvis showed thickening of proximal jejunum and mesenteric LN enlargement, but MRI small bowel cleared that suspicion. Enteroscopy (up to 50cm post pylorus, limited due to intolerance of procedure) and colonoscopy was grossly inconclusive for any obvious source of bleed or abnormality. Third presentation was with acute hemodynamic instability due to upper GI bleed. CT angiogram and repeat colonoscopy showed no active site of bleeding. Capsule endoscopy showed abnormal area in mid jejunum with lymphoid hyperplasia, ulceration and villous adenoma. Biopsy confirmed Follicular lymphoma.