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obscure gastrointestinal bleeding. In the 2nd tercile, after a period of 30 min of slow progression, a large polypoid ulcerated mass causing significant luminal deformation was identified (Fig. 1). Antegrade double-balloon enteroscopy was performed and, in the proximal jejunum, a large diverticulum with an ulcerated border

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When large they rarely present with upper GI bleeding, intussusception and occlusion [1–7]. The GI bleeding caused by a large lipoma may be chronic as in our case. The bleeding is caused by ulceration of the mucosa due to mass enlargement coupled by normal peristalsis or direct pressure of the lipoma.

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The various radiological procedures, including enteroclysis, visceral angiography and CT scan as well as radioisotope bleeding scans have limitations in the case of obscure gastrointestinal bleeding.

[PDF] Intestinal intussusception caused by a jejunal Dieulafoy ...

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The Dieulafoy lesion is an uncommon cause of GI bleeding and accounts for 2% of episodes of acute upper GI bleeding.¹ Typically, this vascular lesion is difficult to diagnose and presents with profuse but intermittent bleeding. On endoscopy, a small muco-sal defect with a protruding vessel or fresh clot may

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Ulcerated intussuscepted jejunal lipoma-uncommon cause of obscure gastrointestinal bleeding: A case report

Tudor Cuciureanu, Laura Huiban, Stefan Chiriac, Ana-Maria Singeap, Mihai Danciu, Florin Mihai, Carol Stanciu, Anca Trifan, Nutu Vlad

Abstract

BACKGROUND

Intestinal lipomas are rare benign gastrointestinal (GI) tumors, usually asymptomatic, but may become symptomatic as the result of some complications such as intussusception, intestinal obstruction, volvulus or bleeding. They can occur at any site along the entire GI tract, more frequent in colon and rarely in small intestine. The patient reported here is a very rare case of jejunal lipoma, ulcerated and intussuscepted, diagnosed in an adult investigated for a chronic iron deficiency anemia (IDA), and successfully managed by segmental jejunal resection.



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