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Summary

JEJUNAL GASTROINTESTINAL STROMAL TUMOR (GIST): A RARE CAUSE OF SEVERE SMALL BOWEL BLEEDING

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A case report describes successful diagnosis and treatment of a jejunal gastrointestinal stromal tumor presenting as recurrent massive melena in a 65-year-old male after conventional endoscopy failed to identify the bleeding source.

KEY POINTS

- CT angiography identified a 3x3 cm jejunal tumor with vascular supply from the superior mesenteric artery after esophagogastroduodenoscopy and colonoscopy performed twice failed to locate the bleeding source
- Laparoscopic resection was performed and histology confirmed low-grade GIST (T2, N0, M0) with positive immunohistochemistry for CD117, CD34 and actin SMA-alpha
- The patient remained symptom-free with no recurrence at 2 years follow-up
- The authors conclude that the case supports considering small bowel GIST in obscure overt GI bleeding and favors CT angiography as a diagnostic method
- This case report may interest gastroenterologists managing obscure gastrointestinal bleeding and those involved in small bowel tumor diagnosis

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