

Who did it? Catching the culprit of overt mid-gut bleeding in young patients

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Presentation

Endoscopy

Radiology & Imaging

Small Intestine & Nutrition

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A case-based presentation demonstrated the diagnostic workup of a 49-year-old woman with microcytic anaemia and positive fecal blood test, ultimately diagnosed with multiple small bowel neuroendocrine tumours using multimodal imaging.

KEY POINTS

- Initial video capsule endoscopy showed submucosal bulging in the ileum, but cross-sectional imaging revealed this was a uterine subserosal leiomyoma, not the cause of the anaemia
- Spectral CT enterography at 40 kV in the enteric phase identified multiple hyperenhancing spots throughout the small bowel that were less visible on conventional venous phase imaging
- 68 Dotatoc PET CT confirmed the diagnosis of multiple small bowel neuroendocrine tumours, showing uptake in the lesions and revealing additional lesions not seen on CT alone
- Midgut neuroendocrine tumours can bleed in a discontinuous manner and may not show obvious mucosal ulceration on endoscopy
- The speaker recommended that a multidisciplinary approach combining video capsule endoscopy, advanced cross-sectional imaging techniques including spectral CT, and functional imaging is essential for managing complex cases of obscure gastrointestinal bleeding

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