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UNUSUAL CAUSES FOR UPPER GASTROINTESTINAL HAEMORRHAGE

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Summary *Gastrointestinal haemorrhage is a common clinical problem. It especially imposes a trouble to the clinician if it was cause by an uncommon pathology. Here we review 4 such cases.*

Introduction

Gastrointestinal haemorrhage is a common clinical problem. Despite increased availability of intensive care units and improved methods of diagnosis, mortality is still approximately 10% which represents almost no decline over the past 30 years[1,2]. The three most common causes of serious upper gastrointestinal bleeding which account for most episodes of bleeding in the average hospital population are peptic ulceration, acute mucosal erosions and esophageal varices [2], These are easily diagnosed by recently developed instruments. There are a number of uncommon causes of upper gastrointestinal bleeding which are difficult to be diagnosed and can be missed, they are nevertheless important because their correct management needs prompt recog nition. These uncommon causes include leiomyoma, haemobilia, aortic aneurysm, pancreatitis, duodenal and jejunal diverticulae, hereditary disorders of small blood vessels and coagulation disorders .[3,4]~ This study reviews 4 cases of upper gastrointestinal bleeding admitted to Basrah General Hospital due to some of these unusual causes.

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Case 1

A fifty-four years old female presented with the complaint of haematemesis. She was previously admitted for the same complaint several times and had received more than 20 units of blood during these admissions. On examination, she was pale and hypotensive. Laboratory examination revealed a haemoglobin level of 3.8 gm/dl. Frequent endoscopic examination and barium meal study was performed for her previously and in this admission with no definite diagnosis, but recent barium follow-through examination suggests thickening of

upper jejunal wall. All other investigations were normal. Laparotomy was done and revealed an ulcerative mass in the upper jejunum. Excision of this mass was done, and histopathological examination revealed leiomyoma. After the operation the patient condition was improved dramatically with no further bleeding.

Case 2

An eight years old female presented-with history of sudden attack of haematemesis without abdominal pain or melena. On examination, apart from pallor (Hb 6 gm!dl), no other abnormality was observed. Endoscopy, barium meal and follow-through were normal. The patient was treated conservatively and discharged from the hospital. Few days later, she returned again with another severe attack of haematemesis. Explorative laparotomy was performed and a single ulcerative diverticulum in the third part of the duodenum was found, so diverticulectomy was accomplished. Postoperatively the patient was discharged in a very good condition with no recurrence of the attack in the follow-up period.

Case 3

Sixty years old male presented with ep-igastric pain, melena, anorexia and weight loss but there was no history of haematemesis. General examination revealed no positive findings. Endoscopy and barium study were both normal. During hospitalization the patient developed symptoms and signs of intestinal obstruction, plain x-ray of abdomen showed only dilatation of the jejunum. Laparotomy declared abnormal thickening of the first part of the jejunum, excision of this part was done and was proved histopathologically to be a leiomyoma. Great improvement was noticed postoperatively.

Case 4

Twenty-eight years old female referred to the hospital because of recurrent attack of melena with normal upper and lower gastrointestinal endoscopy. The patient was then transferred to Medical City Teaching Hospital - Baghdad for digital substraction angiography, which revealed vascular blush at the first part of the jejunum. Laparotomy revealed abnormal thickening of the first part of the jejunum; excision of this part was done and was proved histopathologically to be a leiomyoma. Patient was followed-up regularly and no other attack of melena developed.

Discussion

Upper gastrointestinal bleeding is a common reason for hospitalization. Leiomyoma, polyps larger than 1 cm in size, diverticulae and vascular malformations including haemangioma, are rare causes of upper gastrointestinal bleeding [4-7]. Bleeding from these lesions is often recurrent and the diagnosis is frequently delayed for months to years. In these patients upper endoscopy, barium meal and small bowel enteroclysis

were negative.

This study showed that most of the cases of upper gastrointestinal bleeding were due to leiomyoma of the jejunum. Leiomyomas are uncommon benign tumours of smooth muscle, which may occur wherever smooth muscle is present, the small bowel is the most frequent site and bleeding is the most common presenting symptom [7].

Although in the literature the jejunum is more rare than stomach and ileum ,[8] but none of the cases in this study had leiomyoma of the stomach or ileum as demonstrated by explorative lapratomy.

The results of this study goes with Beajiow et al that leiomyoma represent one of the most common benign neoplasm's of the small intestine which are mostly asymptomatic unless it present clinically as gastrointestinal bleeding[9].

These rare causes of upper gastrointestinal bleeding should be considered in patients with recurrent attacks of bleeding with negative conventional investigations as it is difficult to be diagnosed. Mesenteric angiography may be the only investigative procedure, which will identify these lesions[6] which are usually curable.

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