INTRODUCTION

Major lower gastrointestinal bleeding usually is due to colonic diverticulosis or angioectasia. This case describes an uncommon cause of significant bleeding from the small intestine.

INITIAL PRESENTATION

HISTORY OF PRESENT ILLNESS:
A 61 y.o. man with heavy alcohol use, on aspirin for atrial fibrillation, presented to the ER with two days of maroon stools streaked with bright red blood. Associated postural presyncope. No nausea, vomiting or abdominal pain.

PAST MEDICAL HISTORY:
Two years ago, a routine screening colonoscopy to the cecum noted hemorrhoids, diverticulosis, and a 2-cm rectal neuroendocrine tumor, completely excised on repeat endoscopy. No follow up since then.

MEDICATIONS:
aspirin, metoprolol, hydrochlorothiazide, lisinopril

FAMILY HISTORY:
No GI or other malignancy.

PHYSICAL EXAM

- Obese male, no distress, hypotensive (BP 88/56, improved to 123/78 after 1L IV NS), HR 71
- Oropharynx was clear
- Abdomen was obese, soft, non-tender
- Maroon guaiac-positive stool on rectal exam

INVESTIGATIVE STUDIES

LABS: CBC showed hemoglobin of 10 g/dL, which was a drop of 4 g/dL from baseline. Platelet count, INR, and LFTs were within normal limits.

EGD and colonoscopy with ileoscopy within 24 hours of admission determined the source of the bleeding was a round, friable, vascular mass in the ileum, less than 10 cm from the ileocecal valve.

CLINICAL COURSE

He had no recurrent bleeding. CT chest, abdomen, and pelvis showed mixed density lesions in the pelvis and L-spine, but no liver masses. Chromogranin A was 8 nmol/L (0-5). Surgical resection confirmed a 2-cm stage T2N0Mx primary neuroendocrine tumor in the terminal ileum. Octreotide scan showed no evidence of metastases.

DISCUSSION

- Neuroendocrine tumors most commonly occur in the GI tract, and the most common GI location is the ileum. Most small bowel NETs initially are asymptomatic or have vague symptoms and usually are an incidental endoscopic finding; a major lower GI bleed is a rare presentation.

- The "carcinoid syndrome" of chronic diarrhea and flushing was not seen in this case, and is present only in a minority of cases. It classically is seen when carcinoid tumors arising from the midgut have metastasized to the liver, with secretion of serotonin and other vasoactive substances directly into systemic circulation.

- While routine screening colonoscopy often does not examine the ileum, this case illustrates the critical importance of ileoscopy during colonoscopy for an initial GI bleed evaluation.

PATHOLOGY

Endoscopic biopsy of the mass showed a well-differentiated neuroendocrine tumor (NET).

REFERENCES