Ileal tubular adenoma as a cause of lower gastrointestinal bleeding in infants

Key words: Lower gastrointestinal bleeding. Adenomatous polyp. Endoscopic excision. Infant.

Dear Editor,

Lower gastrointestinal bleeding is a common pathology with diverse causes depending on the patients’ age. The most common causes in adults are polyps, neoplasias, diverticular disease and angiodysplasia; in neonates, necrotizing enterocolitis and volvulus; and anal fissures and bowel intussusception in infants. Polyps are reported as a cause of bleeding only in children of preschool age (1).

Case report

The patient was a 12-month old female with asthenia, pale skin and vomiting of a two week duration. The blood analysis was as follows: hemoglobin, 4 g/dl; hematocrit, 12.3%; and serum iron, 36 µg/dl (normal: 35-145 µg/dl). The white blood cell count and platelet count were normal. Transfusion of packed red blood cells was indicated, based on a diagnosis of hypochromic microcytic anemia. The patient had two hema-tochezia episodes when hospitalized and therefore, underwent a colonoscopy. A polypoidal and ulcerated mass with no active bleeding was observed in the ileum, which involved 80% of the gut lumen (Fig. 1A). A polypectomy was performed and the polyp was retrieved for histopathological study (Fig. 1B and C). The patient was discharged, and had an adequate evolution and no new bleeding episodes. The histopathological study identified an eroded polyp that measured 3.5 x 2.5 x 2.0 cm, covered in blood, with a thin and short implantation pedicle. The diagnosis was an inflamed tubular adenoma (Fig. 1D).

Discussion

Polyps are infrequent in children and may present as an isolated tumor or as polyposis syndrome. They are located in the colon and manifest as a bowel obstruction that requires surgery (2,3). Capsule endoscopy is a diagnostic alternative that can be used even in infants (4). Distal ileum must always be evaluated during endoscopy and endoscopic excision is feasible despite the polyp size.

References

