

**Title:**

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DOI: 10.17235/reed.2024.10846/2024

Link: [PubMed \(Epub ahead of print\)](#)

Please cite this article as:

Ferreira Ana Isabel, Xavier Sofia, Rosa Bruno, Cotter José. Unusual partners: a rare cause of small bowel bulges and a common cause of anemia. Rev Esp Enferm Dig 2024. doi: 10.17235/reed.2024.10846/2024.

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IPD 10846

## Unusual partners: a rare cause of small bowel bulges and a common cause of anemia

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**Received:** 17/10/2024

**Accepted:** 17/10/2024

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*Conflict of interest: the authors declare no conflict of interest.*

*Artificial intelligence: the authors declare that they did not use artificial intelligence (AI) or any AI-assisted technologies in the elaboration of the article.*

### CASE REPORT

A 67-year-old female, without prior medical history, presented to the Emergency Department due to dizziness and asthenia, and iron deficiency anemia, without visible blood loss, was identified. A previous abdominal computed tomography revealed intestinal pneumatosis of the proximal jejunum and right colon. Upper endoscopy showed non-atrophic gastritis associated with *Helicobacter pylori* infection, which was treated, and colonoscopy revealed right colic pneumatosis, without other alterations. A small bowel capsule endoscopy was performed, revealing bulging areas of the intestinal wall, lymphangiectasias and angioectasias, in the proximal small bowel (Fig. 1). A single balloon assisted antegrade enteroscopy reached the proximal jejunum, showing several areas of bulging with endoscopically normal mucosa, compatible with

intestinal pneumatosis (Fig. 2). In three bulging areas, there were multiple lymphangiectasias and friable punctate angioectasias, which were treated with argon-plasma coagulation and through-the-scope clip with hemostatic success (Fig. 3). The procedure was uneventful. After six months of follow-up, the patient was asymptomatic, without anemia or iron deficiency.

## DISCUSSION

Intestinal pneumatosis is an uncommon etiology of small bowel bulges. Although several causes have been described, in up to 15 % of patients, no cause is identified (1), as in this case. We describe a peculiar association between intestinal pneumatosis and angioectasias causing iron deficiency anemia.

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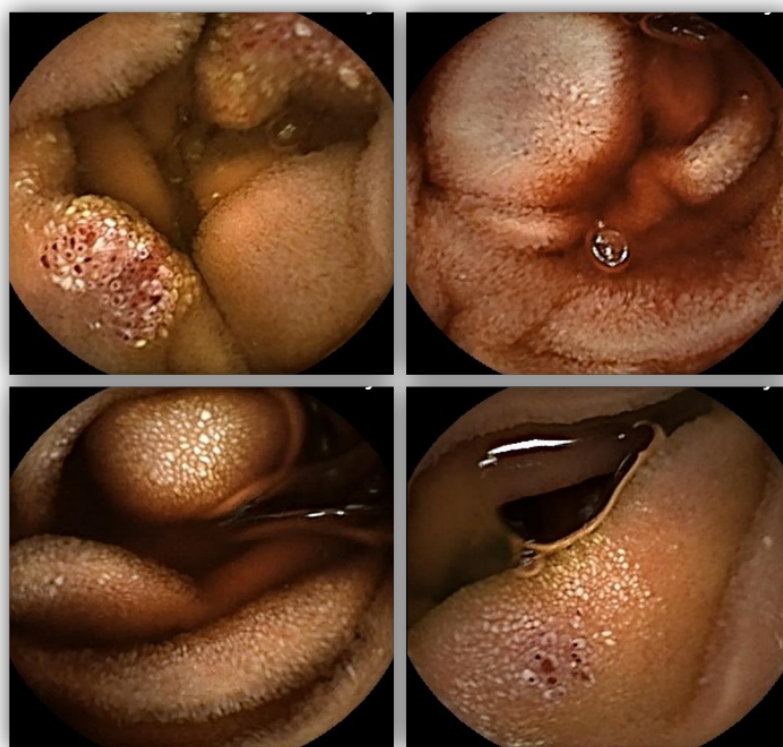


Fig. 1. Capsule endoscopy.

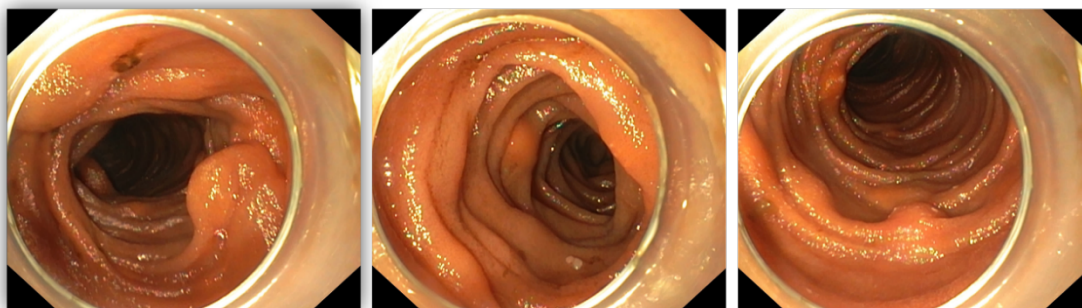


Fig. 2. Intestinal pneumatosis in enteroscopy.

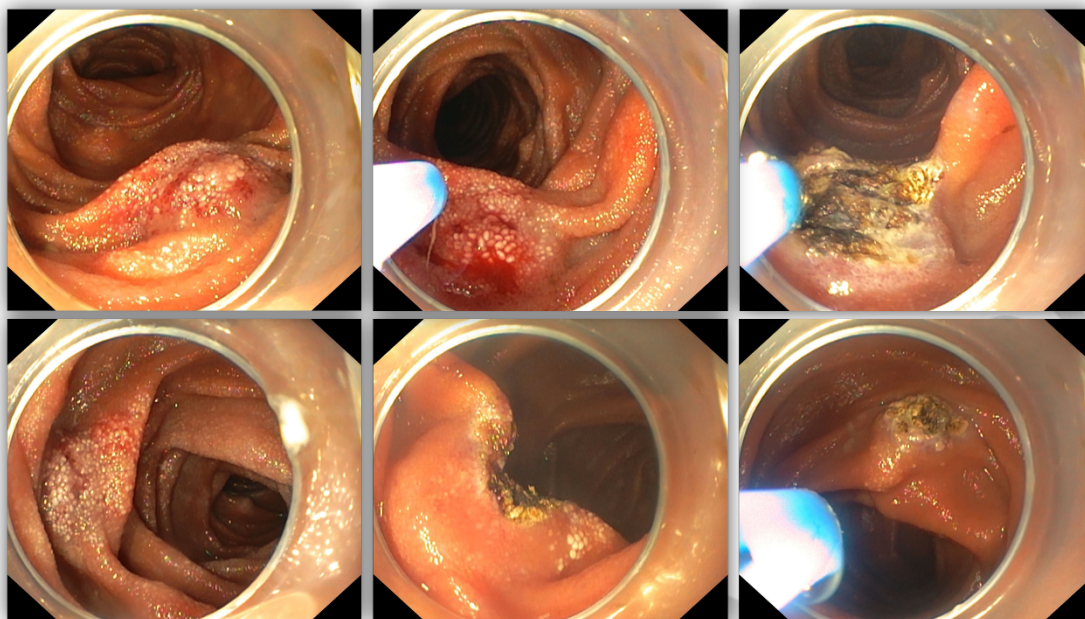


Fig. 3. Treatment of angiodysplasias.