

Title:

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

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DOI: 10.17235/reed.2018.5571/2018

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

Please cite this article as:

Prieto Robin Germán, Mahler Manuel Alejandro, Vidales Gustavo. Ileal tubular adenoma as a cause of lower gastrointestinal bleeding in infants. Rev Esp Enferm Dig 2018. doi: 10.17235/reed.2018.5571/2018.

Enero 2018	Volumen 109	Número 1	Páginas 1-86	CODE: READRN	ISSN: 1000-0108
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Revista Española de Enfermedades Digestivas THE SPANISH JOURNAL OF GASTROENTEROLOGY Accede al texto completo en: www.reed.es o www.sed.es Factor de Impacto 12018: 1.455-12018 SCIR: 0.34-025	
ORGANO OFICIAL DE: SOCIEDAD ESPAÑOLA DE PATOLOGÍA DIGESTIVA, SOCIEDAD ESPAÑOLA DE ENDOSCOPIA DIGESTIVA Y ASOCIACIÓN ESPAÑOLA DE ECOGRAFÍA DIGESTIVA	

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CE 5571 inglés

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

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Keywords: 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 hematochezia 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.

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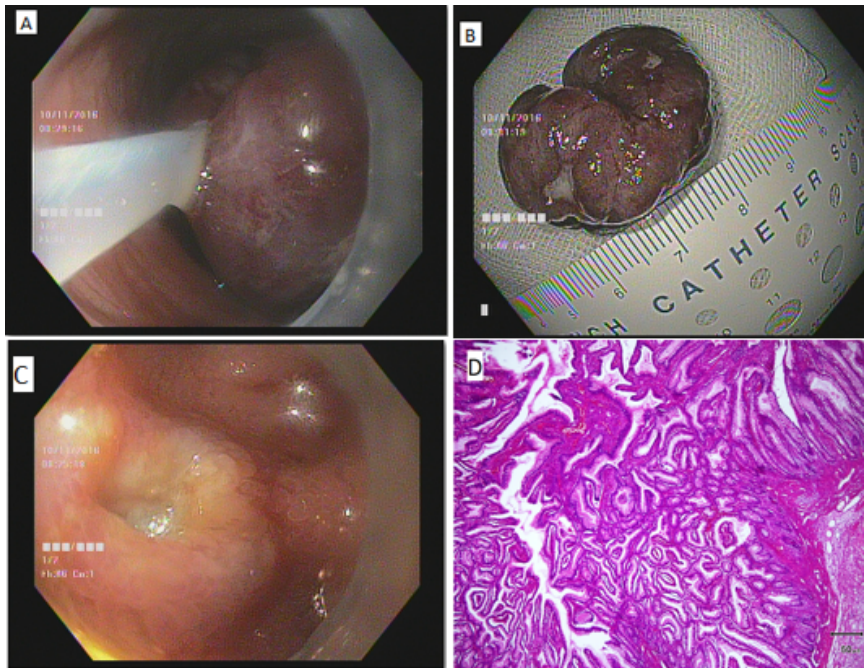


Fig. 1. A. An ileum polyp that involves 80% of gut lumen. B. Excised polyp. C. Excision base. D. Histopathological report that diagnosed a tubular adenoma.