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Strange coincidence in the gut: *Pseudomelanosis duodeni* diagnosed by capsule endoscopy and active bleeding due to angiodysplasia

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Case Report:
We present the case of an 82-year-old man with a medical history of hypertension, dyslipidemia, diabetes mellitus, chronic renal failure, ischemic heart disease and iron deficiency anemia. He was under therapy with hydralazine, furosemide, amlodipine, valsartan, nitroglycerin patches, bisoprolol, omeprazole, doxazosin, human insulin and oral iron. The patient presented at our Institution with melena. Initial gastroscopy showed fresh blood and a gastric angiodysplasia that was treated with argon plasma coagulation (APC). Three months later, he suffered from a new episode of bleeding and consequently, a small bowel capsule endoscopy (SBCE) was indicated. It was reported a gastric and duodenal mucosa with an intense speckled black pigmentation, compatible with pseudomelanosis (Fig. 1A). Furthermore, multiple angiodysplasias (Fig. 1B) with active bleeding (Fig. 1C and 1D) were identified in proximal segments. As a result, a new gastroscopy with APC therapy of bleeding lesions was performed, achieving hemostasia.

Discussion:
Although pseudomelanosis duodeni, usually related to chronic medical conditions and some medications\(^1\), is a rare finding that has already been previously described\(^2,3\), there is no precedent in the literature of a diagnosis by SBCE. On the other hand, to
our knowledge, this is the first case reported of pseudomelanosis duodeni and gastrointestinal bleeding secondary to vascular lesions at the same time, highlighting diagnosed by SBCE, which has been proven as one of the best techniques to study the small intestine.

References:
Fig. 1. A. Small bowel capsule endoscopy (SBCE) image of duodenum mucosa with speckled black pigmentation, compatible with duodenal pseudomelanosis. B. SBCE images of angiodysplasia are identified in the duodenal pseudomelanosis. C and D. SBCE images with duodenal pseudomelanosis with important active bleeding secondary to vascular lesions. This colour combination (red blood above dark duodenum) is stunningly uncommon.