Endoscopic Findings of Ischemic Enteritis

Ken Kawakami, Kumi Ishida, Takuya Inoue and Kazuhide Higuchi

Key words: ischemic enteritis, small intestine, capsule endoscopy

(DOI: 10.2169/internalmedicine.54.4966)

A 68-year-old man was referred to our hospital with an eight-day history of progressive abdominal pain and bloody diarrhea. Esophagogastroduodenoscopy and colonoscopy revealed no abnormalities. Therefore, capsule endoscopy was performed and identified the source of bleeding to be due to severe ulcerations in the jejunum (Picture 1). Small bowel enteroclysis and double-balloon endoscopy revealed a narrowing segment in the jejunum and slight bowel dilation above stenosis (Picture 2, 3). Because the biopsy specimen suggested intestinal ischemia, the patient underwent laparotomy. A microscopic examination of the resected specimen revealed a submucosal ulcer and wall thickness with fibrosis in the submucosal layer, including the presence of hemosiderin- and iron-positive macrophages. The postoperative course was uneventful.

Ischemic enteritis of the small intestine is a rare disease. Since the diagnosis is typically surgical in nature, there are very few reports describing the capsule endoscopic findings of ischemic enteritis (1, 2). In the present case, prompt capsule and double-balloon endoscopy contributed to an accurate diagnosis of ischemic enteritis, leading to a remarkable clinical outcome.

The authors state that they have no Conflict of Interest (COI).
References
