Friend or foe: an unusual case of small intestinal mass

A previously healthy 72-year-old woman presented with a 2-year history of recurrent abdominal pain and bloating. The abdominal symptoms were often associated with food ingestion. No changes in defecation habits were noted. A local hospital diagnosed the patient with a mass in the small intestine and instructed regular follow-ups. The patient decided to seek further treatment at our facility and was scheduled for a small-intestine computed tomography (CT) scan with contrast.

The CT scan showed a hyperdense mass in the proximal jejunum (Fig. 1a), measuring 43 × 35 mm, with neighboring intestinal dilation (Fig. 1b). No thickening or enhancement of the small-intestine wall was observed.

Owing to the location of the mass, an antegrade double-balloon endoscopy (DBE) was performed for diagnosis. The scope was advanced to the horizontal part of the duodenum, near the ligament of Treitz, where a large duodenal diverticulum was noted (Fig. 2a). The cavity was obstructed by a disk-shaped, yellow bezoar, with a size of approximately 30 × 40 mm (Fig. 2b). A combination of endoscopic lithotripsy and lithotomy procedures were performed, and the bezoar was successfully removed (Fig. 3, Video 1).

Bezoar is a foreign body that can be found anywhere in the gastrointestinal tract and is usually composed of animal or vegetable material [1]. The condition is more common in patients with predisposed conditions, such as poor gastric motility or previous gastric surgery. The most commonly used treatment for bezoar includes a combination of endoscopic lithotripsy with basket or fragmentation with polypectomy snares.

Coca-Cola administration to dissolve the bezoar has also been proven to be a cheap and safe alternative [2]. However, due to the predisposed anatomical abnormality in this specific case, combined diverticulectomy may be necessary in the future.

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Video 1 A double-balloon endoscopy was used for diagnosis of the unidentifiable mass in the small intestine. A large bezoar was located in a duodenal diverticulum. We attempted to remove the bezoar with a combination of lithotripsy and fragmentation.

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Competing interests
None

The authors
Yu-jen Tseng, Wei-qun Ding, Liang Zhong, Zhong-guang Luo
Department of Digestive Diseases, Huashan Hospital Fudan University

Corresponding author
Zhong-guang Luo, MD, PhD
Department of Digestive Disease, Huashan Hospital, Fudan University, 12 Wulumuqi Middle Road, Shanghai, China, 0086200040
Fax: +86-21-64041990
luozg8@126.com

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