A 37-year-old male was admitted to our hospital due to weight loss and passage of tarry stools. Upper gastrointestinal panendoscopy showed only gastritis. Abdominal computed tomography revealed one mass-like lesion with wall thickening of the ileum (Fig. 1 a). Single-balloon enteroscopy revealed one well-defined round tumor within the terminal ileum (arrow) (Video 1); the base of the tumor showed hyperemic swollen mucosa with ulceration (Fig. 1 c). The patient underwent laparotomy with segmental resection of the ileum on the day after enteroscopy. Histologic features of the tumor showed myofibroblastic proliferation in an inflammatory background (Fig. 1 d); immunohistochemical staining for S100 and c-Kit revealed negative results. The pathologic result demonstrated inflammatory myofibroblastic tumor (IMT).

Gastrointestinal IMT can occur in the alimentary tract or mesentery/omentum [1]. The most common sites of alimentary tract IMT have been noted in ileal locations [1]. The majority of cases have been reported in childhood and early adulthood [1 – 3]; it is very rare in adults. This is the first reported case of an adult with ileal IMT, which was viewed clearly by single-balloon enteroscopy. Due to a high recurrence rate, the mainstay of therapy is surgical resection [4].

Endoscopy_UCTN_Code_CCL_1AC_2AC

Competing interests: None

Fig. 1 Upper gastrointestinal images of a 37-year-old male presenting with weight loss and melena. a Abdominal computed tomography revealed one soft-tissue mass with wall thickening of the ileum (arrow). b Single-balloon enteroscopy showed one well-defined round tumor within the terminal ileum (arrow). c The base of the tumor showed hyperemic swollen mucosa with ulceration (arrow). d Representative hematoxylin and eosin-stained histological sections of the tumor (original magnification × 100 and × 400).

Video 1 Anal approach single-balloon enteroscopy showed one round tumor (about 4 × 4 × 5 cm in size) within the terminal ileum.
T. Y. Huang¹, P. J. Chen¹, Y. C. Liu², J. S. Jin³
¹ Division of Gastroenterology, Department of Internal Medicine, Tri-Service General Hospital, Taiwan, Republic of China
² Department of Surgery, Tri-Service General Hospital, Taiwan, Republic of China
³ Department of Pathology, Tri-Service General Hospital, Taiwan, Republic of China

References

Bibliography
Endoscopy 2011; 43: E14 – E15
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

Corresponding author
T. Y. Huang, MD, PhD
Division of Gastroenterology
Department of Internal Medicine
Tri-Service General Hospital
No. 325 Sec. 2, Cheng-Kung Road
Taipei 114
Taiwan
Republic of China
Fax: 886-2-87927139
teinyu.chun@msa.hinet.net

This document was downloaded for personal use only. Unauthorized distribution is strictly prohibited.