A 67-year-old woman presented to our hospital with a 1-year history of melena. She also had history of hepatitis B and C virus-related liver cirrhosis complicated by hepatocellular carcinoma. On examination, her conjunctivae were pale and her nadir hemoglobin was 5.1 g/dL. Esophagogastroduodenoscopy and colonoscopy showed no definite bleeding source, and a diagnosis of obscure gastrointestinal bleeding was made. Capsule endoscopy demonstrated blood oozing in the proximal jejunum (Fig. 1) and several angioectasias were identified in the small bowel. We performed spiral endoscopy perorally using an overtube (Discovery Small Bowl overtube; Spirus Medical, Stoughton, Massachusetts, USA) and an enteroscope (Fujinon EN-450T5; Fujinon, Saitama, Japan), which demonstrated a 1.5-cm sub-pedunculated tumor with superficial ulceration in the proximal jejunum, indicative of the bleeding point (Fig. 2). We removed the tumor using snare polypectomy; bleeding from the tumor site after polypectomy was successfully stopped with hemoclips (Fig. 3). Pathological evaluation of the resected tumor revealed many capillaries of various sizes with acute and chronic inflammatory cell infiltrates, confirming the diagnosis of pyogenic granuloma (Fig. 4). Pyogenic granuloma is a common lobular capillary hemangioma of the skin and mucosa and occurs with or without surface ulceration. Although rare, pyogenic granulomas can occur anywhere in the gastrointestinal tract with the small bowel accounting for 50% of all cases [1]. The tumor usually occurs in middle and late age, and it appears to have a higher prevalence in Asian populations [2]. Although the pathogenesis of pyogenic granuloma remains unknown, several etiological factors have been proposed, including infection, mechanical irritation, and hormones. Both the present case and our previously reported case had liver cirrhosis. Symptoms of small-bowel pyogenic granuloma include abdominal pain, hemorrhage, and intussusception. Capsule endoscopy and double-balloon enteroscopy are useful modalities in detecting small-bowel pyogenic granuloma [3,4]. Endoscopic resection via deep enteroscopy is an effective method of treating small-bowel pyogenic granulomas [2,4,5], but it carries the risk of post-polypectomy bleeding owing to the tumor’s rich blood supply and a high rate of recurrence if not resected completely.

Endoscopy_UCTN_Code_CCL_1AC_2AC

Competing interests: None

1 Division of Gastroenterology and Hepatology, Department of Internal Medicine, China Medical University Hospital, China Medical University, Taichung, Taiwan
2 Department of Pathology, China Medical University Hospital, China Medical University, Taichung, Taiwan
3 College of Medicine, China Medical University, Taichung, Taiwan
References
5 Nagoya H, Tanaka S, Tatsuguchi A et al. Rare cause of obscure gastrointestinal bleeding due to pyogenic granuloma in the ileum detected by capsule endoscopy and treated with double balloon endoscopy. Dig Endosc 2010; 22: 71–73

Bibliography
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Corresponding author
Dr K. S. Cheng
Division of Gastroenterology and Hepatology
Department of Internal Medicine
China Medical University Hospital
No. 2, Yuh-Der Road
North District
Taichung 40447
Taiwan
Fax: +886-4-22023119
codecol@yahoo.com.tw