Impacted bone fragment in a small-bowel diverticulum: an extremely rare cause of obscure gastrointestinal bleeding

Obscure gastrointestinal tract bleeding (OGIB) is a common and challenging issue [1]. Here we present an extremely rare case of overt OGIB secondary to impacted bone fragment within a small-bowel diverticulum. An 88-year-old man presented with hypotension and a 2-day history of maroon-colored stools. Initial hemoglobin concentration was 7.7 g/dL. Urgent upper endoscopy showed a large duodenal diverticulum with no signs of bleeding. Colonoscopy was also unremarkable. Capsule small-bowel study was attempted, but the capsule was retained in the duodenal diverticulum, requiring endoscopic retrieval. Mesenteric angiography was negative. Delayed images on Tc-99m-labeled red blood cell scan showed activity in the small bowel. Antegrade and retrograde single-balloon enteroscopy to the distal jejunum and proximal ileum showed large-mouthed diverticula but no signs of active bleeding. Intraoperative enteroscopy showed a segment in the mid-small bowel with multiple large-mouthed diverticula, including one diverticulum with a blood clot suggestive of recent bleeding (Fig. 1, Fig. 2). Segmental resection of this small-bowel segment containing the bleeding diverticulum and surrounding large-mouthed diverticula (approx. 60 cm) was performed. Postoperatively, the patient’s hemoglobin levels remained stable with no further episodes of gastrointestinal bleeding.

Changes in the surrounding mucosa (Fig. 3). Most of the cases of OGIB are due to small-bowel pathology. Identifying and treating the etiology of OGIB can be challenging [2]. There are only few case reports of foreign body ingestion causing OGIB. Our case is the first report of a bone fragment causing OGIB [3, 4].

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