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 CTscan showed a hyperdense mass in the proximal jejunum (► **Fig. 1 a**), measuring 43×35 mm, with neighboring intestinal dilation (► **Fig. 1 b**). 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. 2 a**). The cavity was obstructed by a disk-shaped, yellow bezoar, with a size of approximately 30×40 mm (► **Fig. 2 b**). 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.

► **Fig. 1** Computed tomography scan of the small intestine. **a** Transverse view. **b** Coronal view.

► **Fig. 2** Double-balloon endoscopy of the small intestine. **a** A diverticulum was identified in the distal duodenum. **b** A large, disk-shaped bezoar was embedded in the duodenal diverticulum.

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.

Endoscopy_UCTN_Code_TTT_1AP_2AD

► **Fig. 3** Removal of the bezoar after intraluminal fragmentation.

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.

Acknowledgment

The present study was funded by the National Natural Science Foundation of China (Grant No. 81500503, Grant No. 81870456).

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

References

- [1] Byrne WJ. Foreign bodies, bezoars, and caustic ingestion. *Gastrointest Endosc Clin N Am* 1994; 4: 99–119
- [2] Ladas SD, Kamberoglou D, Karamanolis G et al. Systematic review: Coca-Cola can effectively dissolve gastric phytobezoars as a first-line treatment. *Aliment Pharm Ther* 2013; 37: 169–173

Bibliography

DOI <https://doi.org/10.1055/a-0861-9980>

Published online: 1.4.2019

Endoscopy 2019; 51: E156–E157

© Georg Thieme Verlag KG

Stuttgart · New York

ISSN 0013-726X

ENDOSCOPY E-VIDEOS

<https://eref.thieme.de/e-videos>

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new

techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at

<https://mc.manuscriptcentral.com/e-videos>