Cryptogenic multifocal ulcerous stenosing enteritis diagnosed with single-balloon enteroscopy

A 28-year-old woman had suffered from 6 years of chronic anemia symptoms and 4 years of repeated bouts of incomplete small-intestine obstruction with unclear cause. A retained video capsule endoscopy (VCE) 15 months previously had shown multiple circular ulcers in the small intestine. She had no history of previous medication usage, including nonsteroidal anti-inflammatory drugs (NSAIDs). Laboratory tests showed iron deficiency anemia (hemoglobin of 65 g/L), slight hypoalbuminemia (36.6 g/L), and positive occult blood in her stool, while inflammatory markers, immunologic function, and autoantibodies were all within their normal range. Tuberculosis and viral infection were also excluded. Repeated gastrointestinal (GI) endoscopy showed no remarkable findings. Computed tomography enterography (CTE) confirmed strictures manifested within the thickened small bowel (arrowheads) and slightly enlarged mesenteric lymph nodes (arrows) in: a axial view; b coronal view.

Fig. 1 Contrast-enhanced computed tomography enterography images showing short segmental strictures manifested within the thickened small bowel (arrowheads) and slightly enlarged mesenteric lymph nodes (arrows) in: a axial view; b coronal view.

Video 1 Diagnosis of cryptogenic multifocal ulcerous stenosing enteritis (CMUSE) by single-balloon enteroscopy (SBE), with removal of a retained video capsule endoscope.

Fig. 2 Single-operator single-balloon enteroscopy views showing: a shallow circular ulcers covered with white moss at or near the strictures; b attempted removal of the retained video capsule endoscope using a net basket.
lymph nodes located in the ileal mesentery (▶ Fig. 4).
We concluded clinically that her diagnosis was cryptogenic multifocal ulcerous stenosing enteritis (CMUSE), which is a rare disease characterized by repeated anemia or obstruction resulting from multiple shallow ulcers with strictures in the small intestine [1]. To our knowledge, this is the first reported CMUSE case with an enteroscopy video showing real-time observation of the characteristic circular ulcerative lesions. This case highlights that less frequent etiologies in the small bowel should also be kept in mind when dealing with chronic GI bleeding and recurrent abdominal pain, even if the symptoms are tolerable. Thus, we could treat the disorder at its non-fibrotic stage and prevent unnecessary surgery, given the fact that steroids are effective in most cases [2].

Competing interests

None

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