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. 1a).

Single-balloon enteroscopy revealed one well-defined round tumor (Fig. 1b; Video 1), measuring about $4 \times 4 \times 5$ cm in the terminal ileum, up to 30 cm from the ileocecal valve. The base of the tumor showed swollen mucosa with ulceration (Fig. 1c).

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. 1d); 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].

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 $\times 100$ and $\times 400$).

Video 1 Anal approach single-balloon enteroscopy showed one round tumor (about $4 \times 4 \times 5$ cm in size) within the terminal ileum.
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