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

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. Examination of the resected small-bowel specimen showed large diverticula with a single diverticulum having an impacted 3-cm bone fragment with hemorrhagic 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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