

# Bleeding Jejunal Stromal Tumor: Diagnosis by Capsule Endoscopy and Angiography

M. J. Pérez-Grueso<sup>1</sup>, J. Valle<sup>1</sup>, A. Repiso<sup>1</sup>,  
J. J. Sánchez-Ruano<sup>1</sup>, R. Sánchez-Simón<sup>2</sup>,  
M. Alcántara<sup>1</sup>, R. Rodríguez-Merlo<sup>2</sup>,  
J. M. Carrobes<sup>1</sup>

<sup>1</sup> Department of Gastroenterology,  
Hospital Virgen de la Salud, Toledo,  
Spain

<sup>2</sup> Department of Pathology,  
Hospital Virgen de la Salud, Toledo,  
Spain

Competing interests: None

## Corresponding Author

J. Valle, M. D.

Department of Gastroenterology  
Hospital Virgen de la Salud  
Avda Barber 30  
45004 Toledo  
Spain

Fax: + 34-925-269246

E-mail: julioiv@sescam.jccm.es



Figure 1 A 39-year-old woman had been admitted into hospital because of melena. Upper gastrointestinal endoscopy findings had been normal. Colonoscopy had shown dark blood in the right colon and terminal ileum but no bleeding lesions had been found. Capsule endoscopy showed a jet of fresh blood originating from a dark point in the jejunal mucosa (arrow).



Figure 2 Angiography showed a highly vascular mass (arrow) supplied by a jejunal branch of the superior mesenteric artery.

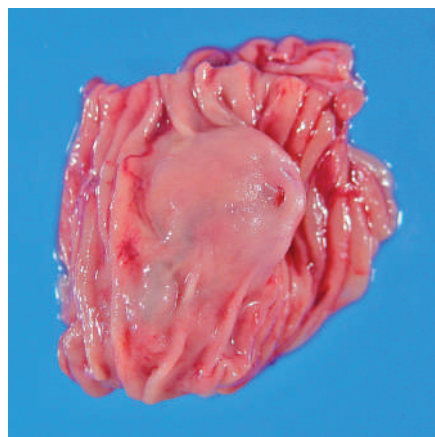


Figure 3 A short jejunal segment containing a well circumscribed tumor measuring 3 cm in maximum diameter was resected. The tumor protruded slightly on the mucosa, where a small tear was visible.

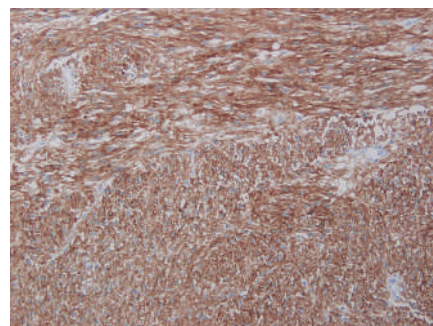


Figure 4 Pathological investigation revealed a proliferation of spindle cells showing strong c-Kit immunoreactivity (original magnification  $\times 200$ ). The finding was compatible with a diagnosis of gastrointestinal stromal tumor (GIST).