



Figure 1 Capsule-endoscopic image of a purplish-blue lesion with a central depression, 196 min after passage of the pylorus. The lesion was suspected to be a hemangioma.

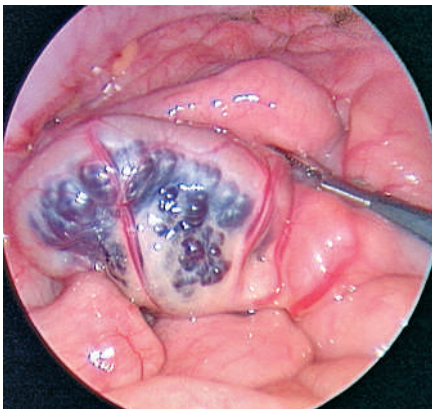


Figure 2 Laparoscopic image of the hemangioma.

A boy aged 2 years and 5 months was referred to our tertiary medical center due to recurrent melena, with a maximum fall in hemoglobin to 9.6 g/dl. Gastroduodenoscopy and ileocolonoscopy failed to detect a bleeding source. Although a Meckel's scan was negative, laparoscopy was carried out, as there was a strong clinical suspicion of a Meckel's diverticulum. No abnormalities were seen, and the boy was admitted to hospital to undergo

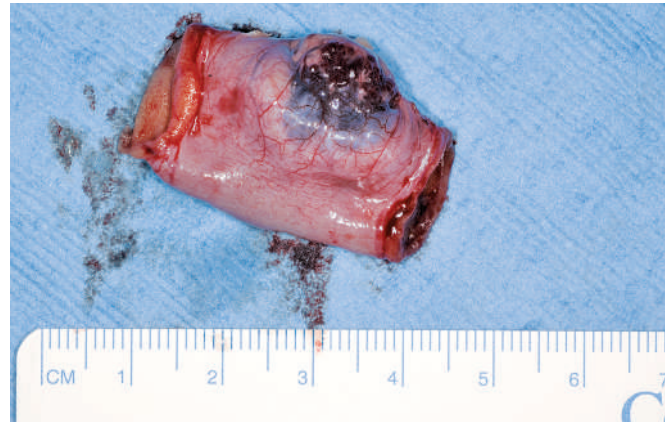


Figure 3 The surgical specimen with the jejunal hemangioma.

video capsule endoscopy. The capsule was introduced endoscopically with the patient under general anesthesia and passed uneventfully with the feces within 24 h. On CE, a purplish-blue lesion with a central depression was seen 196 min after passage of the pylorus (Figure 1). The lesion was suspected to be a hemangioma. Laparoscopy was therefore carried out, demonstrating a hemangioma 2.2 cm long (Figure 2), which was subsequently resected (Figure 3).

Five months after surgical resection of the hemangioma in the jejunum, the boy was doing well and no further gastrointestinal bleeding had occurred. Capsule endoscopy was a useful diagnostic tool in this child with rectal blood loss and negative regular endoscopic and radiographic examinations.

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