

**JEJUNAL VILOUS
ADENOMA CAUSING
INTESTINAL
OBSTRUCTION IN LATE
POST-OPERATIVE
GASTROPLASTY WITH
ROUX-Y INTESTINAL
BYPASS**

Clara Rodrigues Anastacio Silva

Guilherme Focchi Haddad

José Michel Haddad

Tatiana Tatim Haddad

Guilherme Corrêa do Nascimento

Miguel Abufares Reis

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Abstract: Small bowel tumors are rare and difficult to diagnose due to the non-specificity of their symptoms. The incidence of these tumors has been increasing and becoming more evident with the use of large-scale endoscopic examinations. We report the case of a patient in the late postoperative period of gastroplasty with Roux-en-Y intestinal bypass who presented with nausea and vomiting. Polypoid lesion (villous adenoma) was identified in the alimentary loop causing intestinal obstruction.

INTRODUCTION

Small bowel tumors are rare and difficult to diagnose due to the non-specificity of their symptoms. They represent about 3% of tumors of the digestive system, benign lesions being more common than malignant ones and those of glandular origin more frequent. The incidence of these tumors has been increasing and becoming more evident with the use of large-scale endoscopic examinations. However, imaging and endoscopic examinations are often inconclusive due to the difficulty in completely evaluating the small intestine, leading to a delay in diagnosing these lesions. The most common signs and symptoms are abdominal pain, intestinal obstruction, upper gastrointestinal bleeding, chronic anemia and diarrhea. We report the case of a patient in the late postoperative period of gastroplasty with Roux-en-Y intestinal bypass who presented with nausea and vomiting. Polypoid lesion was identified in the alimentary loop causing intestinal obstruction. Endoscopic resection and anatomopathological study confirmed the diagnosis of low-grade villous adenoma in the jejunum. Due to its rare frequency and the small number of similar cases reported, its importance is given.

CASE REPORT

RSP, 31 years old, in postoperative follow-up due to gastroplasty with Roux-en-Y intestinal bypass. She underwent surgery in March 2017 with an initial weight of 174 kg and BMI = 52 kg/m².

There was a good postoperative evolution, with a loss of 77 kg in 18 months. He regained 14 kg and stabilized weight 111 kg and BMI = 33 kg/m².

After 4 years of follow-up, he started to experience nausea and vomiting. An upper digestive endoscopy was performed with evidence of a sessile polyp in the alimentary loop, 20 cm from the gastrojejunal anastomosis, occupying almost the entirety of the jejunal lumen. Biopsies and anatomopathological study were performed with evidence of low-grade villous adenoma. We opted for endoscopic resection of the lesion, performed polypectomy with a diathermic loop and application of a hemostatic clip, without intercurrents.

The patient maintains outpatient follow-up, with complete improvement of symptoms.

DISCUSSION

Small bowel tumors are known for their rarity, variability, nonspecific symptomatology, difficult diagnosis and late presentation. More commonly, they occur in people over 40 years of age, with a mean age of 55 years at the time of diagnosis, with more frequent involvement in males.

Symptoms are nonspecific and include abdominal pain (50-75%), nausea and vomiting (33-72%), weight loss (38-52%), bowel obstruction (31-44%) and gastrointestinal bleeding (23-33%). Physical examination in the early stages is usually normal, and rarely is an abdominal mass palpable or abdominal pain with signs of peritoneal irritation due to loop obstruction or perforation.

The lack of specificity of symptoms in patients suffering from small intestinal tumors and the difficulty of evaluating the small intestine with routine diagnostic endoscopic and radiological examinations are considered factors that contribute to the late presentation of the disease and delay in diagnosis.

There are several investigation methods for small bowel tumors; however, due to the poor accessibility of diagnostic methods, we still find it difficult to diagnose these types of injuries. Upper digestive endoscopy can visualize only up to the angle of Treitz, therefore, although it can identify approximately 93% of duodenal tumors, its overall sensitivity is 31%. Computed tomography also has low sensitivity for diagnosing disorders of the small intestine.

In the highlighted case, the patient presented with signs of gastrointestinal obstruction evidenced by nausea and vomiting. Due to his previous surgical history of gastroplasty with Roux-en-Y intestinal bypass, the diagnosis was facilitated, allowing the visualization of the lesion in the loop of the jejunum by upper digestive endoscopy.

CONCLUSION

Small bowel tumors are rare and challenging for the physician due to diagnostic difficulties. There are few data in the literature on the incidence of these lesions, with benign neoplasms being described as the most common. As already reported, the diagnostic difficulty is due to the non-specificity of the symptoms and the difficulty in evaluating the small bowel loops by endoscopic and radiological exams. The diagnosis of neoplasms of the small intestine must be considered in patients with intestinal obstruction or gastrointestinal bleeding of obscure origin.

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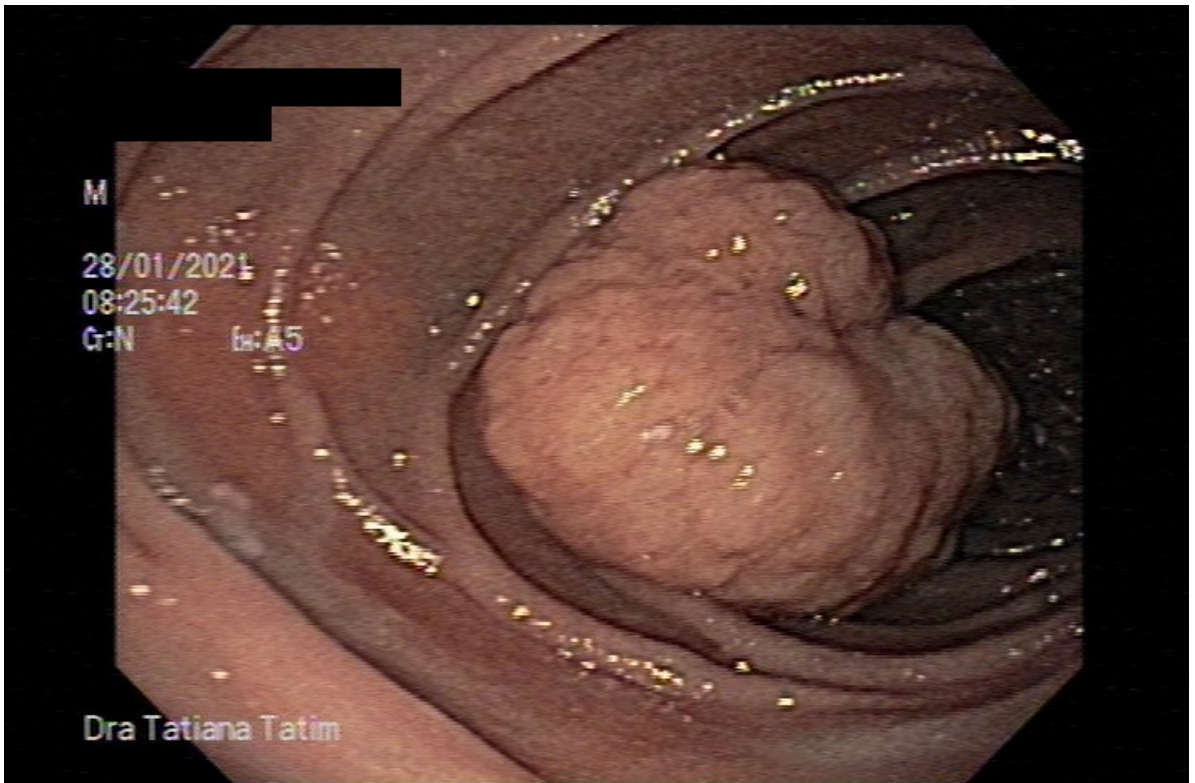


Figure 1 – Endoscopic visualization of jejunal polyp.

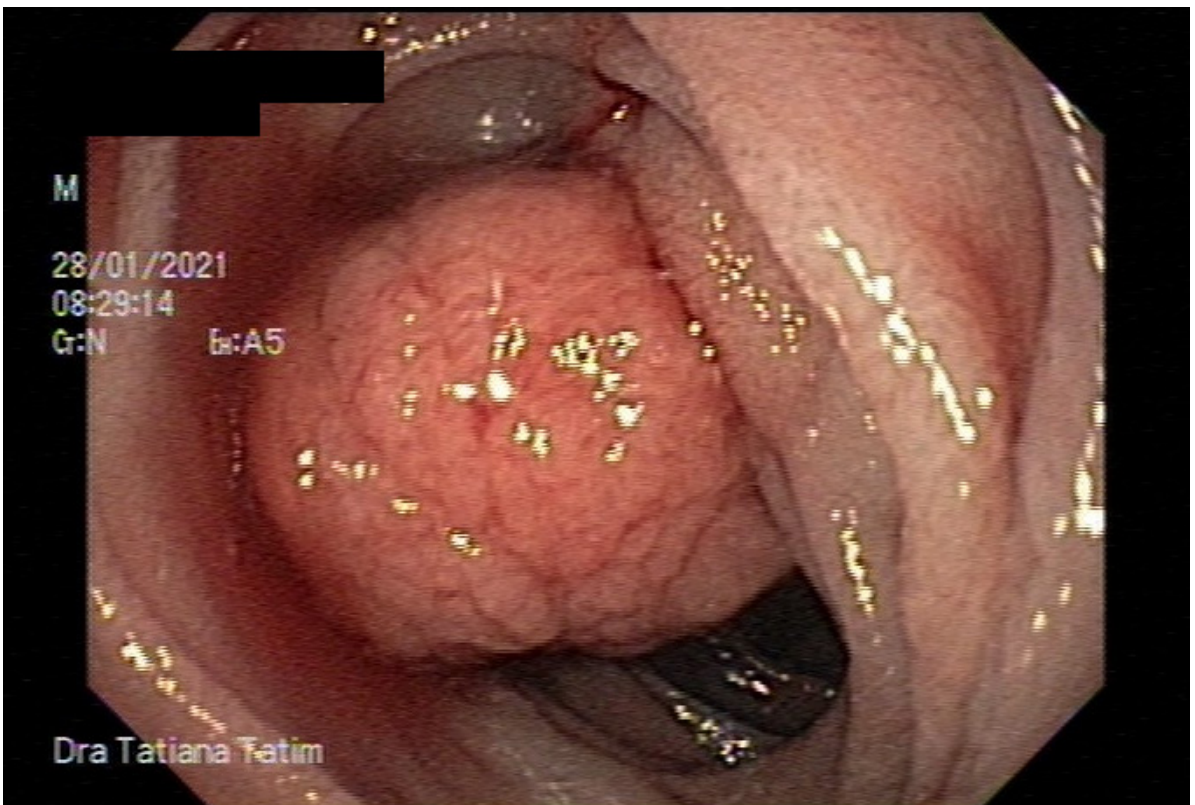


Figure 2 – Jejunal polyp occupying the lumen of the alimentary loop.

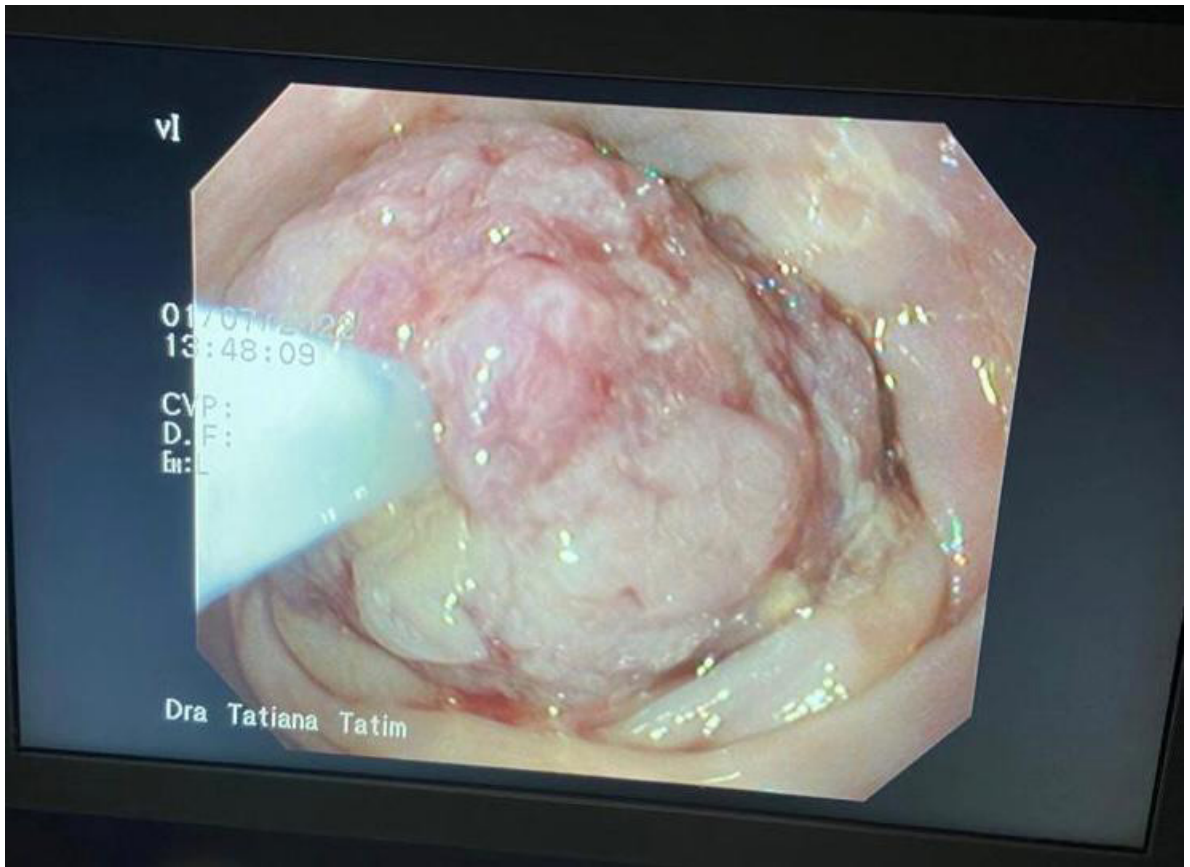


Figure 3 – Endoscopic resection of jejunal polyp.