Govaresh/ Vol. 17, No.3, Autumn 2012; 194-196

Case Report

An Unusual Presentation of Vanek's Tumor: A Case Report

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ABSTRACT

We report the case of a 54-year-old Iranian man who presented with melena from three months prior to admission. Esophagogastroduodenoscopy and colonoscopy were normal. Double balloon enteroscopy showed a pedunculated tumor located in the jejunum. He underwent laparotomy and resection of a 9.5 cm tumor from the distal jejunum. Histopathologic evaluation confirmed the diagnosis of an inflammatory fibroid polyp (IFP).

Keywords: Vanek's tumor; Intestinal bleeding; Small intestinal tumor

please cite this paper as:
Ajdarkosh H, Shirzad S, Ebrahimi Daryani N, Taher M, Sadeghipour AR. An Unusual Presentation of Vanek's Tumor: A Case Report. *Govaresh* 2012;17:194-196.

INTRODUCTION

Inflammatory fibroid polyp (IFP) is a rare, benign lesion of the gastrointestinal (GI) tract, which was first described by Vanek in 1949(1). These tumors have various presenting manifestations that include abdominal pain, weight loss, dyspepsia, obstruction and bleeding(2).IFP are mostly detected in the gastric antrum (70%) or in the ileum (20%), but jejunal and duodenal IFPs are considered uncommon(2).Vanek's tumors are often asymptomatic(3).

We report the case of a jejunal IFP in a patient who presented with GI bleeding and give a review of the literature.

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Received: 30 May 2012
Edited: 05 Aug. 2012
Accepted: 07 Aug. 2012

CASE REPORT

A 54-year-old Iranian man was admitted to our hospital with a history of intermittent melena. On examination, he looked pale and his vital signs were stable. There was no tenderness or mass on abdominal examination. Other physical examinations were normal with the exception of tarry stool on digital examination.The results of laboratory tests were as follows: hemoglobin (8.4 gr/dl); white blood cell count (7600/mm^3); platelets (290,000/mm^3); red blood cell count (2.86 × 106/mm^3); mean corpuscular volume (MCV, 87.5 fL); serum creatinine (1.1 mg/dl); urea (24 mg/dl); serum albumin (4.3 gr/dl); serum iron (22 µgr/dl); total iron binding capacity (442

µgr/dl); and ferritin (14 µgr/l). Stool occult blood was positive. Both esophagogastroduodenoscopy and colonoscopy were unremarkable. However, a double balloon enteroscopy revealed an ulcerated pedunculated tumor located 50 cm distal to the pyloric channel (Figure 1). Multiple biopsies were taken and histologic examination of the tumoral biopsy revealed chronic inflammatory infiltration. Since the patient had persistent GI bleeding, he was referred to a surgeon. A laparotomy was performed which revealed a 9.5 cm mass at the jejunum. The affected jejunal segment was resected and fecal stream was re-established by a single layer end-to-end anastomosis. Macroscopic examination of the resected tumor revealed a 9.5 cm polypoid mass with an ulcerated surface which was limited to the mucosal layer. Microscopic examination showed an ulcerative lesion that had variable cellularity with spindle cells having bland nuclei and clear cytoplasms. These cells were surrounded by focal elongated distorted branching and dilated hyperplastic foveolar and glands that consisted of proliferative fibroblasts and blood vessels. There was an abundant inflammatory infiltrate comprised of plasma cells, lymphocytes and eosinophils(Figure 2). The lesion involved the entire thickness of the bowel with ulceration of the overlying mucosa. The histological findings were compatible with IFP. Postoperatively, the patient's symptoms and signs resolved without complications. He remained well and symptom-free two months after discharge.

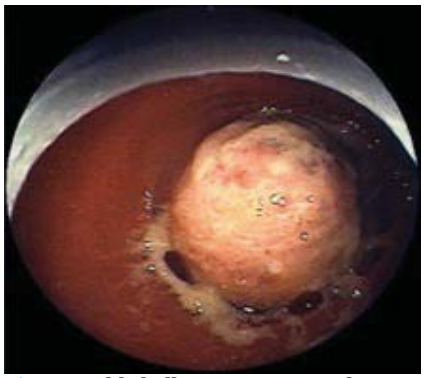

Fig.1: Double balloon enteroscopy demonstrating a pedunculated mas in the jejunum.

DISCUSSION

IFPs or Vanek's tumors are very uncommon, benign submucosal lesions of the GI tract(1). Six cases of this disease have been first reported in 1949 as a submucosal

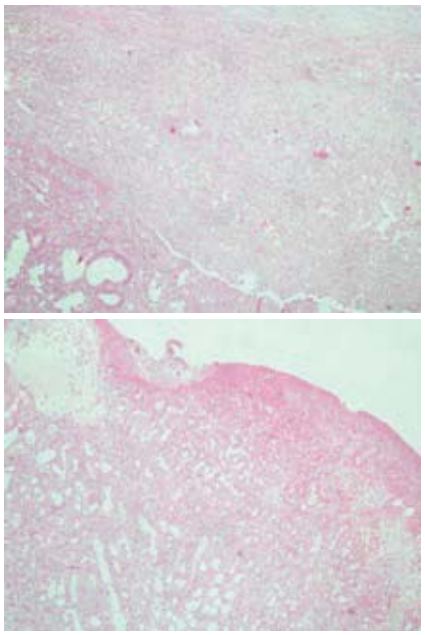

Fig.2: Histopathologic examination of the specimen revealed variable cellularity, spindle cells with bland nuclei and clear cytoplasms. Inflammatory infiltration of plasma cells, lymphocytes and eosinophils was obvious.

granuloma of the stomach associated with eosinophilic infiltrations(1). The typical presenting age of IFPs is in the 5th to 7th decades of life(4). IFPs appear to have no gender predilection(5). These lesions often have a diameter of 3 to 5 cm, however, there is also a report of a giant IFP 13.5 cm in diameter(6). IFPs have been reported as solitary or sessile lesions and occur most commonly in the gastric antrum. Only 18% of cases of IFP occur in the small bowel (mainly the ileum)(7). IFPs are often diagnosed incidentally during endoscopic procedures or laparotomy. When symptomatic, the clinical presentation is determined by the anatomic site and tumor size. Small bowel lesions usually present with episodic abdominal pain, dyspepsia and change in bowel habit(3,8,9). Bleeding from surface erosion can occur(10).

Most jejunal IFPs reported to date have presented with small bowel obstruction due to intussusseption(3). The first case of obscure GI bleeding from an IFP in the ileum was reported in 2006(11).This case was one of the few reported in the literature where GI bleeding was caused by a jejunal IFP.

The etiology of IFP is unknown(12). Reports of a

possible association with *H. pylori* gastritis have been implicated (13)but as yet, the causative role of *H. pylori* in IFP remains uncertain(14).

Histologically, IFPs appear as vascular, fibroblast proliferations with the presence of an eosinophilic and lymphocytic inflammatory response(15). The differential diagnosis of IFP on biopsy alone includes gastrointestinal stromal tumor (GIST), inflammatory pseudotumor and other soft tissue lesions(16).

Surgical excision is the treatment of choice for this disease. Due to the submucosal origin of IFPs, endoscopic resection may result in perforation or incomplete resection and increases the risk of local recurrence. The tumors are not thought to recur after complete resection(8,17).

In this case report, we presented a patient with GI bleeding which was presumably due to a surface ulceration of an IFP in the jejunum, as diagnosed by double balloon enteroscopy. To the best of our knowledge, this is one of the few reported jejunal IFPs that has presented in this manner. This case has suggested that double balloon enteroscopy can be an ideal diagnostic tool for examining patients with obscure GI bleeding.

ACKNOWLEDGMENT

This work is supported in part by the Nutrition Research Center and Gastrointestinal and Liver Disease Research Center.

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