

Question 18 – December 4

A 65 year old female with a history of valvular heart disease has undergone EGD and colonoscopy for the evaluation of iron deficiency anemia and intermittent melena. After repeating her EGD she undergoes capsule endoscopy which is negative. She continues to require transfusions with intermittent melena, what is the next best step in evaluation?

- A. Octreotide
- B. Deep Enteroscopy
- C. Repeat EGD
- D. Refer for surgical management

Answer: B

Approximately 5% of GI bleeding occurs between the ligament of Treitz and the ileocecal Valve. The most common cause of obscure GI bleeding in patients over the age of 50 are angiectasias and overall they account for 30-40% of obscure GI bleeding. Angiectasias are associated with chronic kidney disease and valvular heart disease. In patients with active bleeding it is recommended and suspected EGD it is recommended that the EGD be repeated and if negative then video capsule endoscopy. If that is also negative then deep enteroscopy should be considered as the next step in evaluation.

Reference

ASGE Standards of Practice Committee, The Role of endoscopy in the management of obscure GI bleeding, Gastrointestinal Endoscopy, Volume 72, Number 3; 2010: 472-479