D I G E S T I V E Endoscopic Corner

Ekawee Sripariwuth, M.D. Pradermchai Kongkam, M.D. Rungsun Rerknimitr, M.D.

A young female presented with a history of iron deficiency for many years. Her colonoscopic exam revealed multiple purplish polypoid lesions varying in size trough the colon (Figure 1). What is your diagnosis?

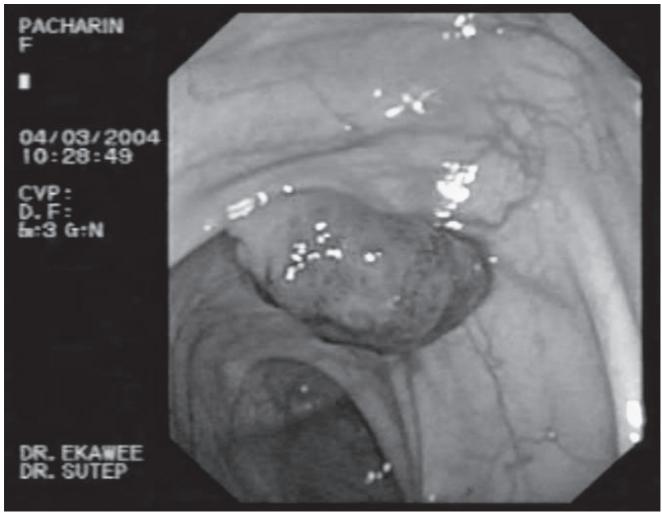


Figure 1

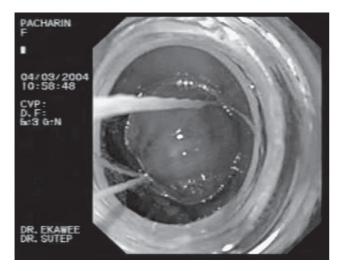


Figure 2 Rubber banding the lesion

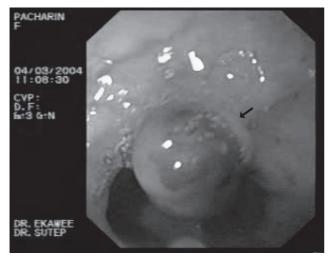


Figure 3 The lesion after banding

Answer: Blue rubber nevus syndrome

Comment:

This patient has been treated multiple times with sclerosing injection and rubber band ligation as above (Figure 1, 2 and 3, The arrow demonstrates a yellow band). Her small bowel capsule endoscopy also demonstrated similar lesions (Figure 4).

BRBNS (Bean's disease) was first reported in 1860 by Gascoyen GGi which described an association between cavernous hemangiomas of the skin and similar lesions in the GI tract. In 1958, Beanii further

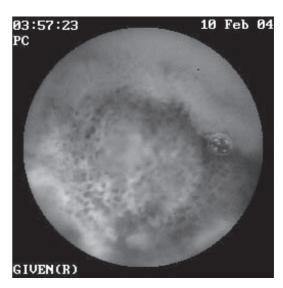


Figure 4 Blood oozing from small bowel captured by capsule endoscope

described these lesions and called the term blue rubber bleb nevus syndrome. BRBNS is a rare disorder which most cases are sporadic, but autosomal dominant inheritance has been reported. The disease tends to appear mainly in childhood, but a few adult cases have been described. Although the cutaneous and GI systems most frequently are involved with these lesions but the central nervous system, eyes, thyroid, parotid gland, oral cavity, lungs, kidney, liver, spleen, musculoskeletal and bladder also may be affected.

The lesion is typically discrete purplish, bluish vascular lesion which may be flat, macular, or polypoid. Blood-filled ectatic vessels, lined by a single layer of endothelial cells, with surrounding thin connective tissue were its characteristic pathology.

REFERENCES

- 1. Gascoyen GG. Case of naevus involving the parotid gland and causing death from suffocation: naevi of the viscera. Trans Pathol Soc London 1860; 11: 267.
- Bean WB. Bleeding from the gut in rare disorders with diagnostic lesions of the skin and mucous membranes. In: Bean WB, editor. Rare diseased and lesions: their contributions to clinical medicine. Springfield (IL): Charles C. Thomas; 1967. p. 3-29.