

## Ileum Adenocarcinoma, a Missed Cause of Anemia

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A 73-year-old woman, with ischemic heart disease and pacemaker for atrioventricular block, presented with persistent fatigue for two years; no abdominal pain, bloody stools or weight loss. During that time she discovered iron deficiency anemia (hemoglobin 10 g/dl) without any other alteration in her laboratory tests. Upper gastrointestinal (GI) endoscopy, two complete colonoscopies (one visualizing 5 cm of the terminal ileum) and capsule endoscopy (CE) were performed with normal results. Fecal occult blood (FOB) test was negative. The patient was treated with orally administered iron and the haematologist established the diagnosis of idiopathic iron deficiency anemia. The hemoglobin values remained the same in spite of the treatment, so that after one year from the initial evaluation, she was sent for a repeat colonoscopy, also with a normal result.

She presented in our hospital two years after her initial symptoms for a colonoscopy, the fourth one. The colonic mucosa was normal, but on the terminal ileum at 10 cm from the ileocecal valve an ulcerated tumor with luminal stenosis and oozing bleeding was discovered (Figs. 1, 2). The patient was sent to surgery for tumor resection (Fig. 3). The pathology result was compatible with ileum adenocarcinoma, with subserosa invasion (T3), grade 2, and with tumoral emboli into the blood vessels. The CT scan was negative for distant metastasis.

In patients with a negative CE and persistent anemia despite iron therapy, a CT enterography and if negative, device assisted enteroscopy are necessary [1-3]. A negative FOB test should not impede further investigations [4]. Even if malignant neoplasms

of the small bowel are among the rarest types of cancer, they are a possible endoscopic finding in these situations [5]. Also, in cases with iron deficiency anemia and normal colon at colonoscopy, the terminal ileum for at least 10 cm should be explored.

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