



Small and dangerous

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RABIN MEDICAL CENTER

Case Presentation

- 68 year-old-male
- Melena – 6 Mo duration
- Past Medical History - Hypertension, DM
- Tx - Normiten, Lantus, Aspirin
- FH – negative for CRC, IBD
- Physical Exam - Paleness

Laboratory Results

Date	06.2014	02.2015
Hb	14	7.4
MCV	82	72
Ferritin	80	9
TIBC	280	320
Transferrin saturation	26	10
Iron	72	31

Work – Up

- Gastroscopy – Normal
- Colonoscopy – Normal



Abdominal CT



Capsule Endoscopy

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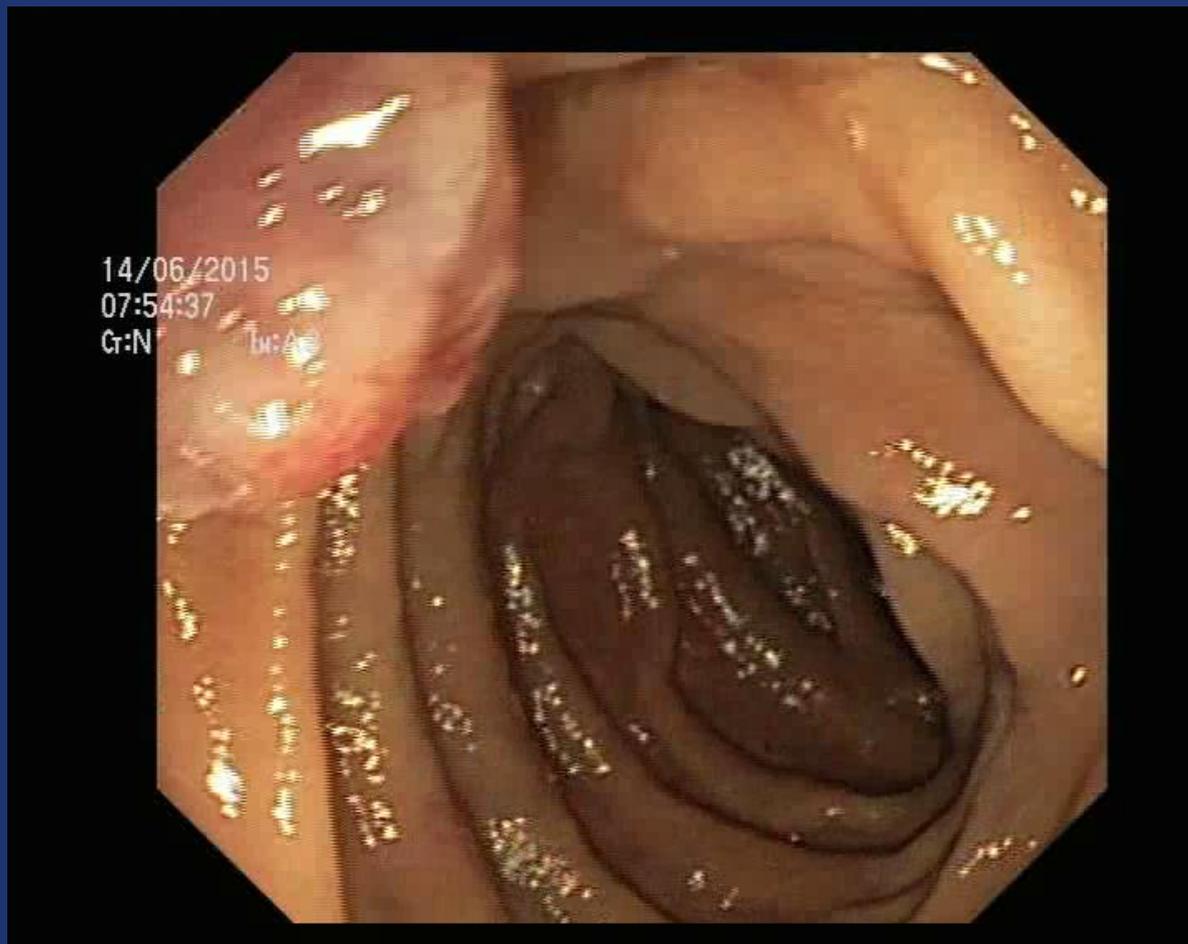
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MC

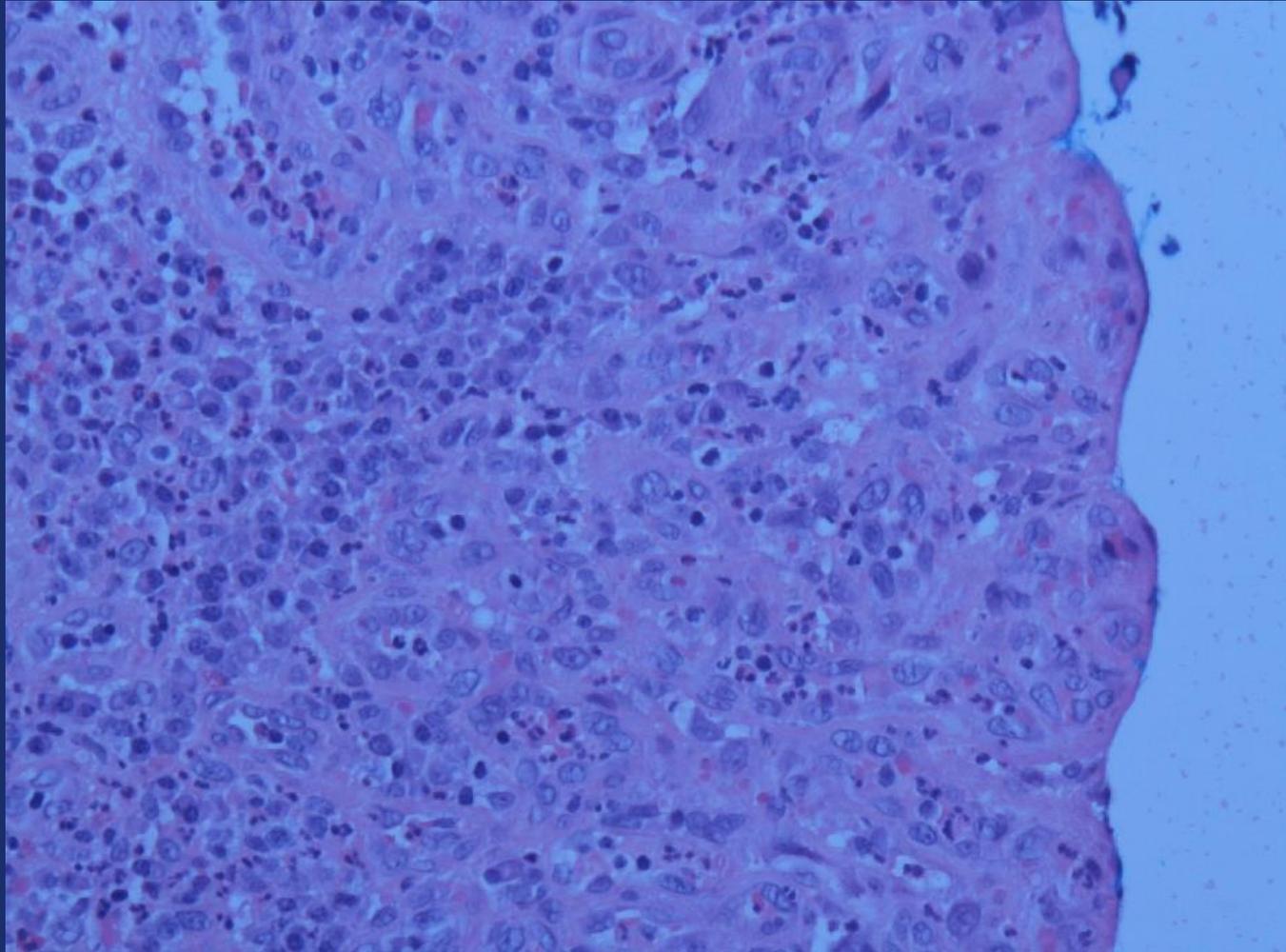


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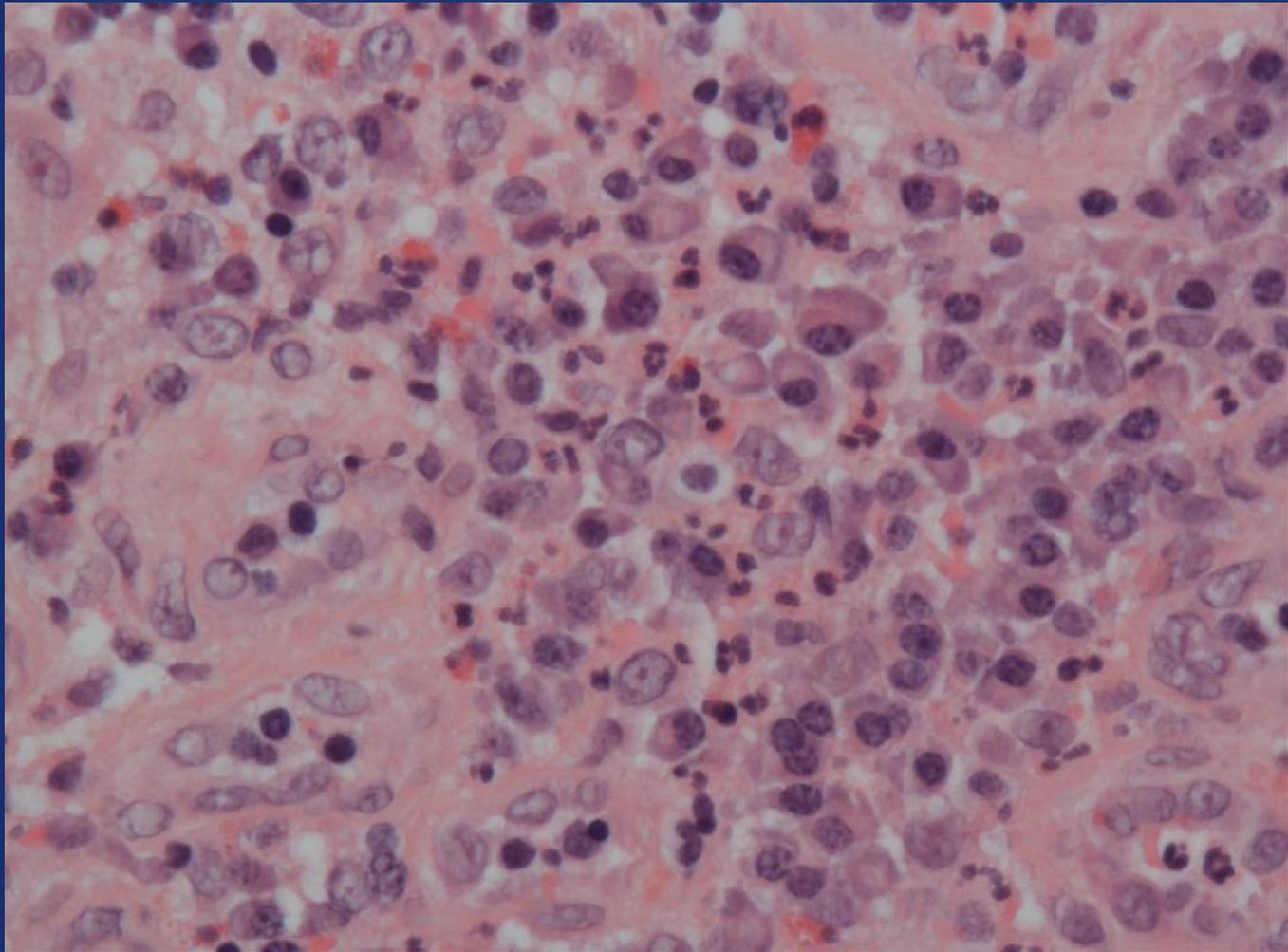
Endoscopic Tx



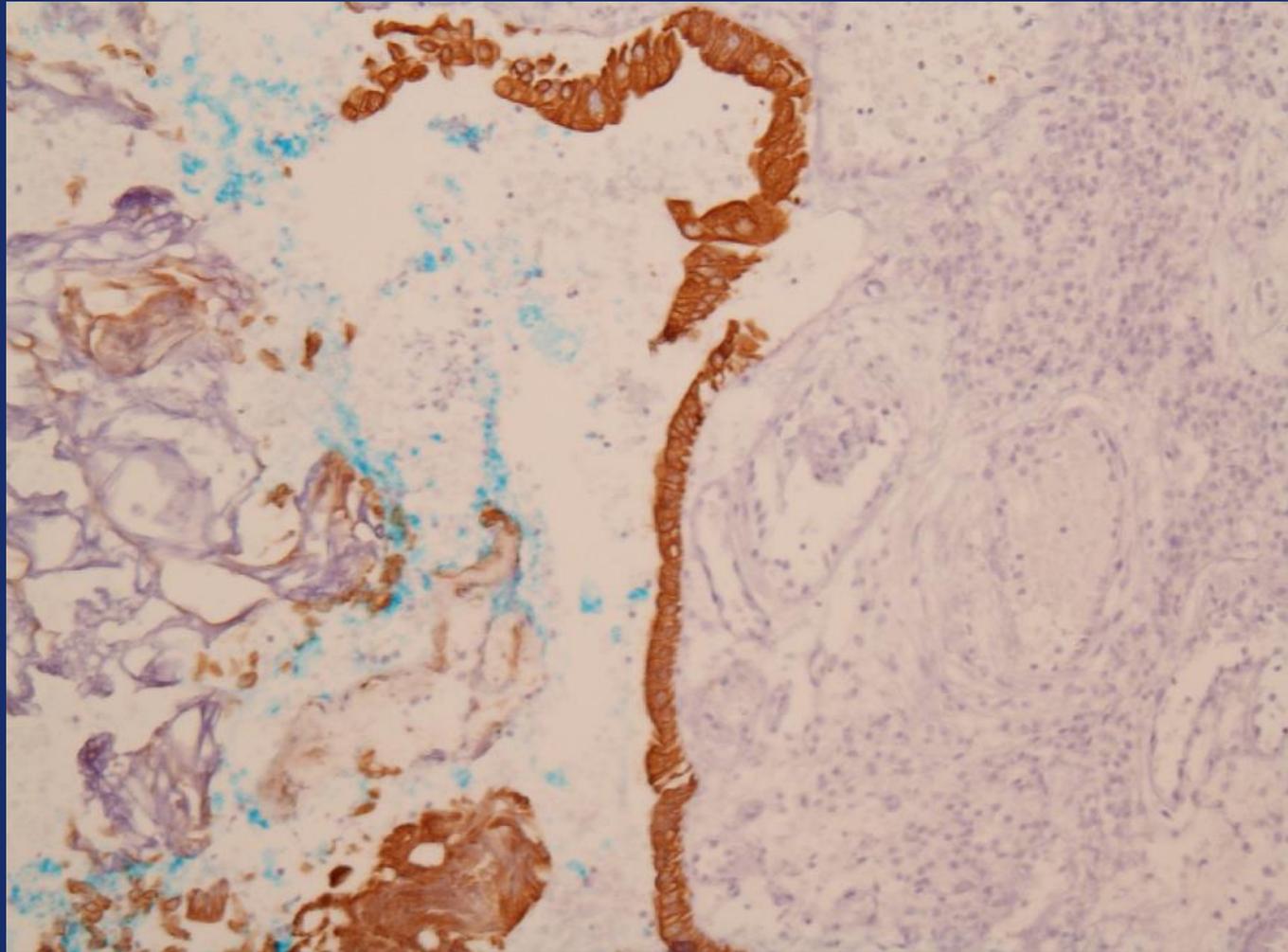
Histology – H&E



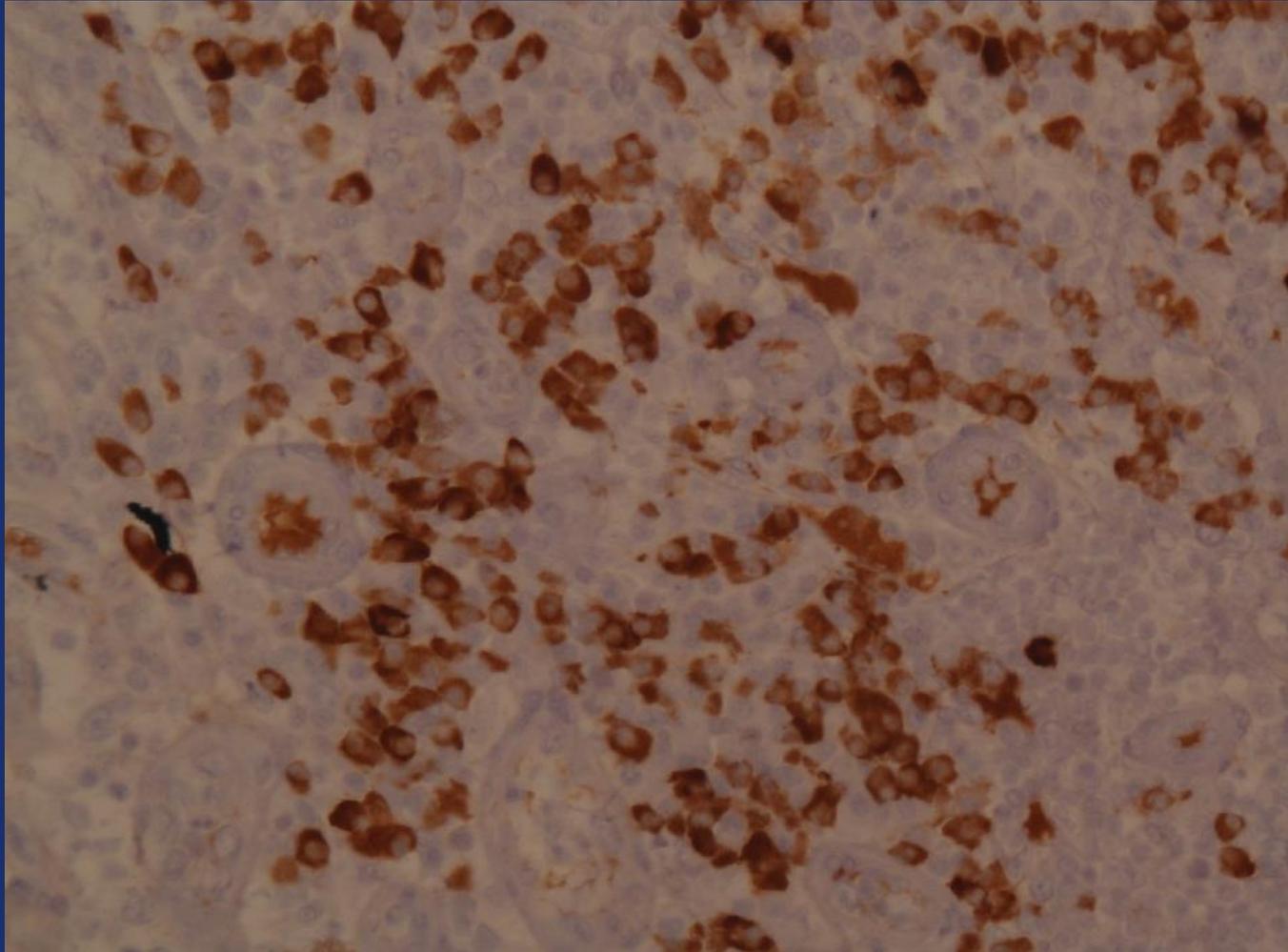
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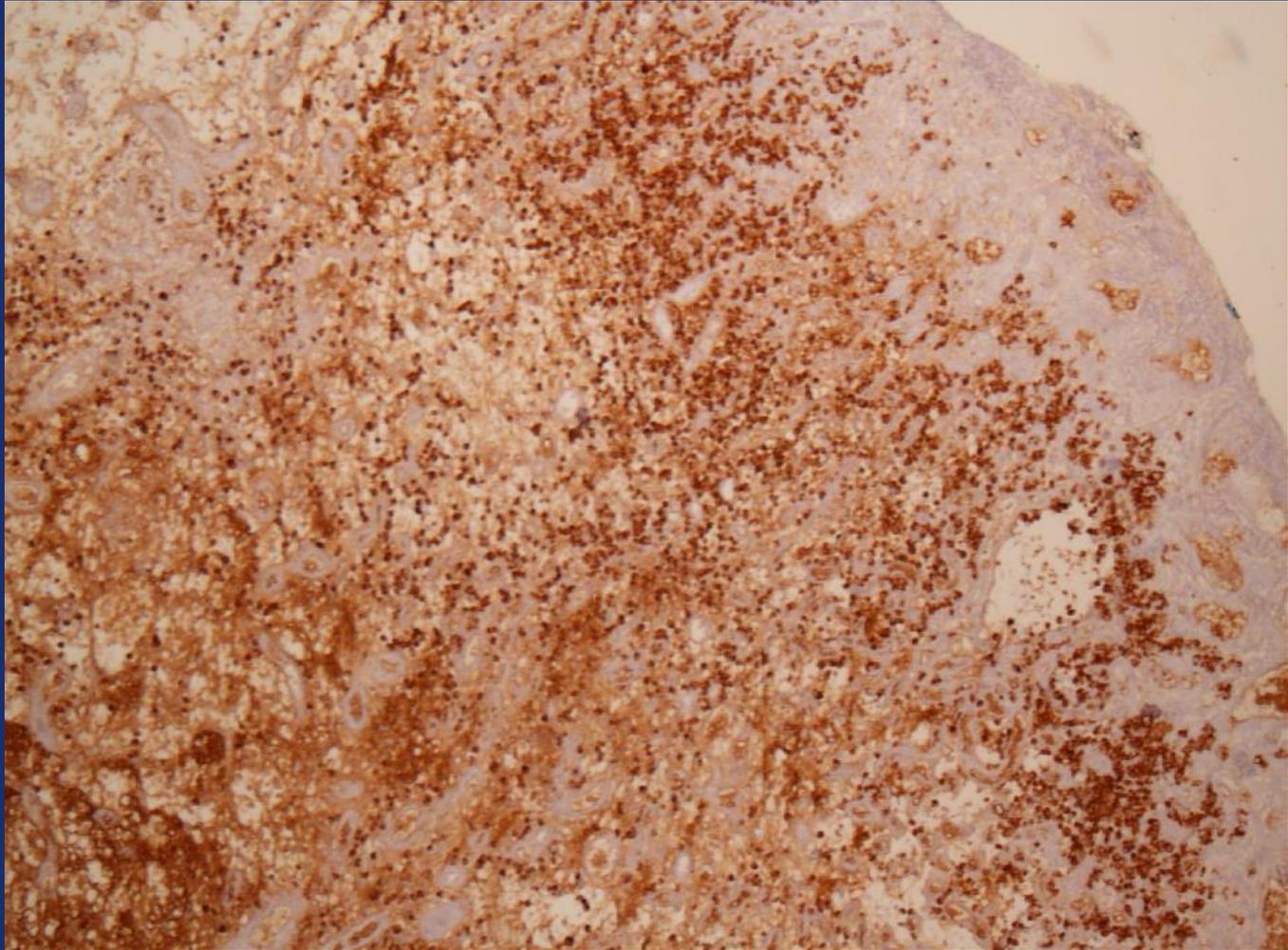
Cytokeratin 19



Lambda



Kappa



Diagnosis?



Vanek's Tumor

- Inflammatory fibroid polyp of small bowel
- The least common small bowel polyp In Adults – 3% of GIT tumors
- Male predominance
- Size <5 cm, rarely up to 20 cm

Vanek's Tumor

- Peak of incidence - 5-7 decades of life
- Most common sites:
 1. Gastric antrum – 70%
 2. Small bowel – 25%
 3. Colo-Rectal region – 1%
 4. Esophagus – 1%

Clinical Presentation

- Depends on location and size
 - Acute Abdomen due to intussusception
 - Abdominal pain
 - Vomiting
 - GI Bleeding
 - Weight loss

Diagnosis

- Imagine studies:
 - Abdominal CT
 - Abdominal MRI
- Endoscopy

Small Bowel Tumors

Benign tumor	Malignant Tumor
Leiomyoma	Adenocarcinoma
Hamartoma	GIST
Benign polyps	Lymphoma
Lipoma	Carcinoid Tumor
Hemangioma	

Histology

- Arise from submucosa
- Spindle or stellated cells
- Plasma cell, Lymphocytic and Eosinophilic infiltrates
- Granulation tissue appearance

Immunohistochemistry

- PDGF-RA Mutation
- CD34 Positive
- Negative for KIT, DOG1, S100

Back to the Patient

- Currently - Asymptomatic
- Hb – 14.0
- No need in follow up:
 - Benign tumor
 - Local recurrence - only anecdotally

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Thank You