

AMPULLARY VIEW “ DUODENAL LEIOMYOBLASTOMA”

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A 39 year old male presented with melena. About one year ago, the patient has similar episode- EGD and Colonoscopy at some other hospital were unremarkable. He denies smoking, alcohol abuse or NSAIDS intake. On admission, he was not orthostatic. EGD revealed a small hiatal hernia. A large amount of retained food in the stomach and questionable small blood clot in the duodenum. Overnight the patient had massive melena nad hematocrit dropped from 39% to 18.3%. Multiple units of packed cells and FFP were transfused. A colonoscopy and ileoscopy revealed only dark blood suggestive of upper GI bleeding. A repeat EGD showed bright red blood in the duodenum. No obvious lesion could be seen on prolonged duodenal examination by end view scope. Subsequently, a sideviewing scope was used- the ampulla and a bleeding submucosal tumor was seen in on view. The visible vessel appeared like ampullary orifice. Temporary hemostatis was achieved by epinephrine injection and patient underwent exploratory laparotomy. A 3x3 cm dumbbell-shaped tumor was resected from the duodenum. On histopathology- reported leiomyoblastoma. We propose the term Ampullary View Duodenal Tumors for such lesions seen on sideviewing scopes only.