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Application of laparoscopy in the management of obscure gastrointestinal bleeding.

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Abstract

Gastrointestinal (GI) bleeding is considered obscure when it persists or recurs after negative endoscopy. Small bowel lesions account for approximately 1-fourth of cases of obscure GI bleeding. These lack specific clinical symptoms and signs, and tend to be inaccessible to routine examinations. The management of patients with intermittent obscure GI bleeding poses both diagnostic and therapeutic challenges. The aim of this study was to report the importance of laparoscopy in diagnosing and treating small bowel lesions responsible for obscure bleeding in 5 patients with subacute presentations. Data were collected from 2 hospitals' in-patient records and a prospective database. All patients underwent laparoscopic exploration. After the identification of the diseased segments, laparoscopy-assisted segmental resection of the small bowel and enteroenterostomy were carried out in all cases. This approach enabled a successful minimally invasive treatment of the obscure GI bleeding. The overall procedure was safe and our results were satisfactory.