

Pictorial review of radiological features of small bowel tumour

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Objectives

The review aims to provide a comprehensive overview of the radiological appearance of small bowel tumour on imaging.

Materials and Methods

Retrospective pictorial review of different imaging modalities performed in local centre from 1/1/2018 to 1/1/2024 showing the presence of small bowel tumour.

Benign

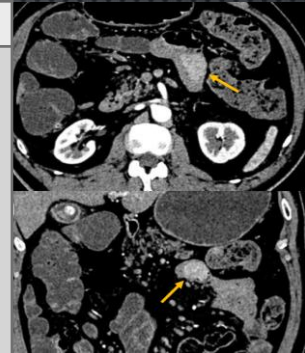


Lipoma

- Arise from submucosa
- Encapsulated and commonly sessile
- Larger lesions could be symptomatic with intermittent obstruction or blood loss or even intussusception.

Adenoma

- Arise from glandular epithelium in the mucosa
- Sessile or pedunculated with smooth border and less than 2cm.
- Multiple: polyposis syndrome e.g. familial adenomatous polyposis, Gardner syndrome and Turcot syndrome.



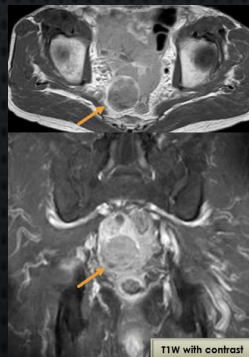
Hamartoma

- Arise from smooth muscle in submucosa
- Similar to adenoma radiologically
- Multiple: Peutz-Jeghers syndrome

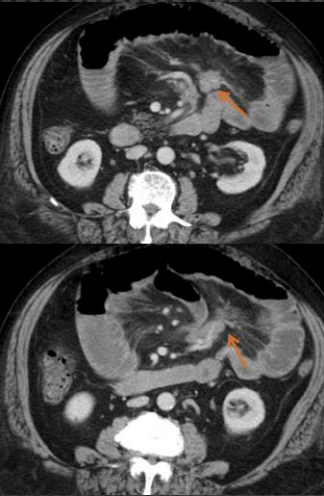


Gastrointestinal stromal tumour (GIST)

- Mesenchymal tumour arising from interstitial cells of Cajal
- Commonly exophytic with variable enhancement +/- calcifications
- Risk stratification based on mitotic index, size and location of the tumour
- Presence of metastasis in imaging indicates malignancy, most commonly liver metastasis



Malignant

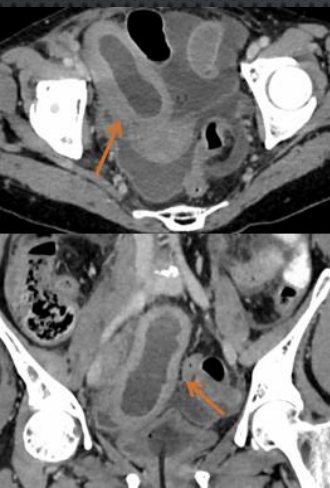
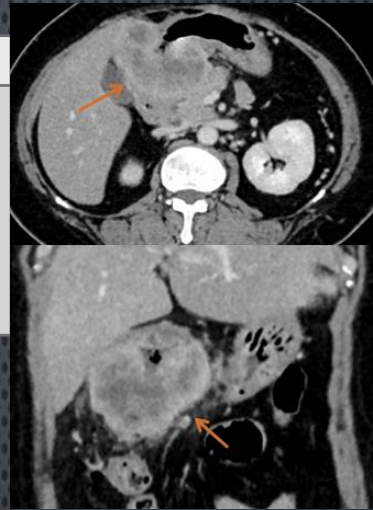


Carcinoid tumour

- Arise from chromaffin cells at base of crypts of Lieberkuhn
- Commonly presented as calcified mesenteric mass with surrounding desmoplastic
- Primary tumour often not visible but most commonly in distal ileum

Adenocarcinoma

- Arise from glandular epithelium in the mucosa
- Irregular luminal narrowing with circumferential or eccentric wall thickening



GI lymphoma

- Most common extranodal form of lymphoma
- Characteristically pseudoaneurysmal dilatation of a segment of diffusely thickened bowel without obstruction
- Could also be polypoid, endoexoenteric, stenosing and mesenteric forms

Metastasis

- Hematogenous spread e.g. lung cancer, breast cancer, melanoma
- Polypoidal intraluminal lesion or focal wall thickening +/- obstruction



Conclusion

Small bowel tumour, though rare, with their imaging features could be diagnosed radiologically.

Reference

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