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Introduction

Digestive bleeding is a common cause of emergency room visits in Pediatrics, and manifests in various forms: hematemesis, hematochezia, rectal bleeding, melena, or even occult bleeding. In one-third of cases, the bleeding originates from the distal gastrointestinal tract. Etiologies often vary by age groups. In most cases, the source of the bleeding is quickly identified and is benign. However, in some instances, extensive exploration is required.

Case presentation

14 year-old boy presenting with isolated **acute rectal bleeding**, without history of trauma.

Medical background includes constipation in early childhood. Vitals and physical examination are normal.

Assessment:

- blood test and stool analysis: normal
- abdominal US: normal
- rectosigmoidoscopy: well-defined, soft and bleeding polypoid lesion in the rectal mucosa (Fig. A-B)
- infectious analysis: negative
- thoracic and abdominal CT and pelvic MRI: normal, no Meckel's diverticulum identified
- histopathological analysis: presence of **heterotopic gastric mucosa** in the rectal mucosa (Fig. C-D).

Treatment:

- PPI, halting the bleeding quickly
- transanal minimally invasive surgery (**TAMIS**), removing the heterotopia completely (Fig. E-F-G).

Discussion

Gastric heterotopia (GHT) refers to the presence of mature and functional gastric mucosa (typically of **fundic** type) **outside the stomach**, usually due to a congenital developmental differentiation abnormality. It may also be acquired following local injury or inflammatory process.

GHT can occur **anywhere** along the digestive tract, but rarely below the ligament of Treitz. Symptoms depend on its location and the patient's age. Bleeding occurs due to **ulceration** of the lesion from its acid production.

The treatment typically involves **surgical removal**, as bleeding tends to recur once **PPI** treatment is stopped. The prevalence and risk of malignant transformation of GHT remain unclear.

Illustrations



Fig. A



Fig. B

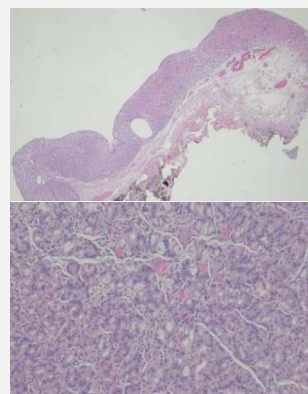


Fig. C

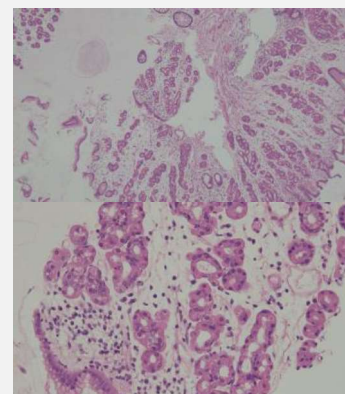


Fig. D



Fig. E



Fig. F

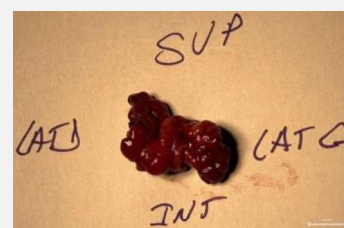


Fig. G

Conclusion

In case of rectal bleeding, the first step is to confirm and characterize the bleeding. The patient should undergo a thorough examination. After ruling out serious acute causes and common etiologies, rarer conditions, such as **GHT**, should be considered.