Anemia in CREST Syndrome

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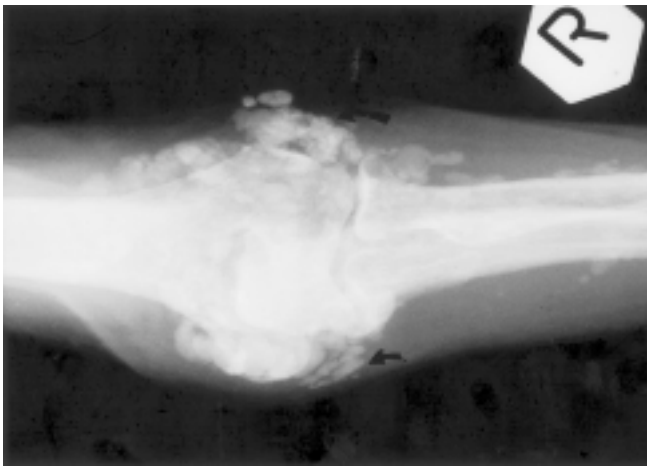

Figure 1. Calcinosis typical of CREST syndrome.

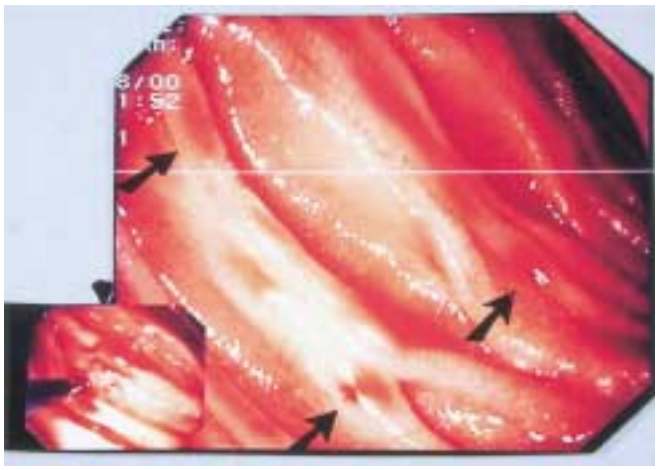

Figure 2. Telangiectasias in the small bowel (red bleeding sites marked by arrows)

A 49 year old woman with systemic scleroderma and the CREST syndrome was found to have iron deficiency anemia. Colonoscopy was normal. Gastroscopy revealed esophagitis, which was treated and resolved completely. However, fecal occult blood tests were persistently positive, and anemia persisted. Small bowel enteroscopy was remarkable for the discovery of hundreds of telangiectasias in the jejunum. She began a successful therapeutic program of repeated bipolar cauterizations of the telangiectasias.

This case emphasizes the need for "spreading a wide net" when making the differential diagnosis of anemia in patients with rheumatologic disorders.

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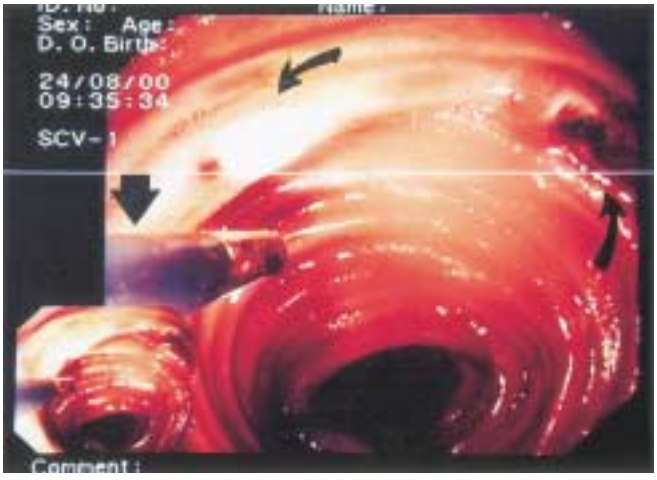

Figure 3. Bipolar cauterization device (thick arrow) and its effects (thin arrows)