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Olgu Sunumu / Case Report

A Rare Case in the Terminal Ileum: Cavernous Hemangioma

Terminal Ileumda Çok Nadir Görülen Bir Vaka: Kavernöz Hemanjiom

Cansu Abaylı[1], Figen Doran[1], Bahri Abaylı[2], Serdar İskit[3]

[1]Çukurova University, Faculty of Medicine, Department of Pathology, [3]Department Pediatric Surgery, ADANA

[2]Çukurova Dr. Aşkım Tüfekçi State Hospital Department of Gastroenterology, ADANA

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ABSTRACT

The cavernous hemangioma, a vascular lesion of the small intestine, is one of the rare tumors. Presented in this case, the terminal ileum in childhood: report of a hemangioma. Although, it may appear to be Hemanjiomas of intestine neoplasm in childhood, it may actually be a hamartomatous lesion. This topic is a controversial one in the literature. It has clinical significance as it may cause perforation and/or obstruction and it may be intermingled with other intestinal tumors. With preoperative correct diagnosis, minimally invasive approach to could be possible.

Key Words: Terminal ileum, cavernous hemangioma, vascular lesion.

ÖZET

İnce barsağın vasküler bir lezyonu olan kavernöz hemanjiom, nadir tümörlerinden biridir. Sunulan bu olgu, çocukluk çağında görülen terminal ileum hemanjiom olgusudur. Çocukluk çağında görülen bu lezyon gerçek bir neoplazi değil hamartamatöz lezyon olabilir. Bu konu literatürde de tartışmalıdır. Perforasyon ve/ veya obstrüksiyon yapabilmesi ve diğer barsak tümörleri ile karışması nedeni ile klinik öneme sahiptir. İnce barsak hemanjiomlarına , doğru preoperativ tanı ile minimal invaziv yaklaşım mümkün olabilir.

Anahtar Kelimeler: Terminal ileum, kavernöz hemanjiom, vasküler lezyon.

INTRODUCTION

Hemangiomas are not true neoplasms. These lesions are thought to be hamartomatous lesions. Many of those seen in congenital and the ones diagnosed in intestine are the second most common vascular lesions. Bleeding in the colon, caused by hemangiomas, characterised as small in amount and slow. Localized rectal hemangiomas, may cause frechbleeding. In the literature[1], the cases of rectum located and causing massive bleeding have been reported.

Diagnosis of hemangiomas, located in the terminal ileum, is made by endoscopy and enteroscopy. Use of angiography in the diagnosis of this disease has no place.

In plain radiograph of the rectum, cavernous hemangiomas of the air and distortion can be seen. Barium X-ray, are affected by contraction of the lumen of the rectum, rigidity, can be seen in the expansion of the presacral area. Endoscopic vascular congestion and ulcerative proctitis may occur[2-4].

Form of treatment, angiographic embolization, endoscopic ablation, argon plasma coagulation, and if necessary be applied to surgical resection[5].

CASE

6-year-old girl with right lower quadrant pain, nausea, vomiting refers to the pediatric emergency

department. Hematemesis, melena and hematochezia patients without a history of systemic disease is not detected. She did not describe the use of any medication, mild tachycardia (110 beats/min) is determined. The patient's view, the right lower quadrant tenderness pale conjunctivae. Hb: 10.4 (mg/dl), MCV: 70, Hct: 31, serum iron level is 22 mg/dl, serum iron binding capacity: 488 mg/dl, serum ferritin levels 5ng/ml, which is initially considered as the patient's iron deficiency related anemia. The results of the endoscopy and colon tests are found to be within normal limits. In the abdominal USG reveals a finding of a mass in the right lower quadrant. On top of that, IT is applied to the patient, and the right lower quadrant abdominal space-occupying lesion is identified. Laparoscopy is decided as the next stage. During the operation, the size of 5-6 cm of ileum induced vegetative mass is determined. Bowel resection is applied. Macroscopically, 10x6 cm in diameter intestinal material, fluffy outer surface of the serosa a large number of black lesions observed in vesicles.

Microscopic examination of the lesion, in the histopathological examination; Submucosa of the ileum settled, hemangioma mass, located in the expansive development of the muscular layer showed scattered. Mucosa was intact. Surgical margins were intact (Figures 1 and 2)

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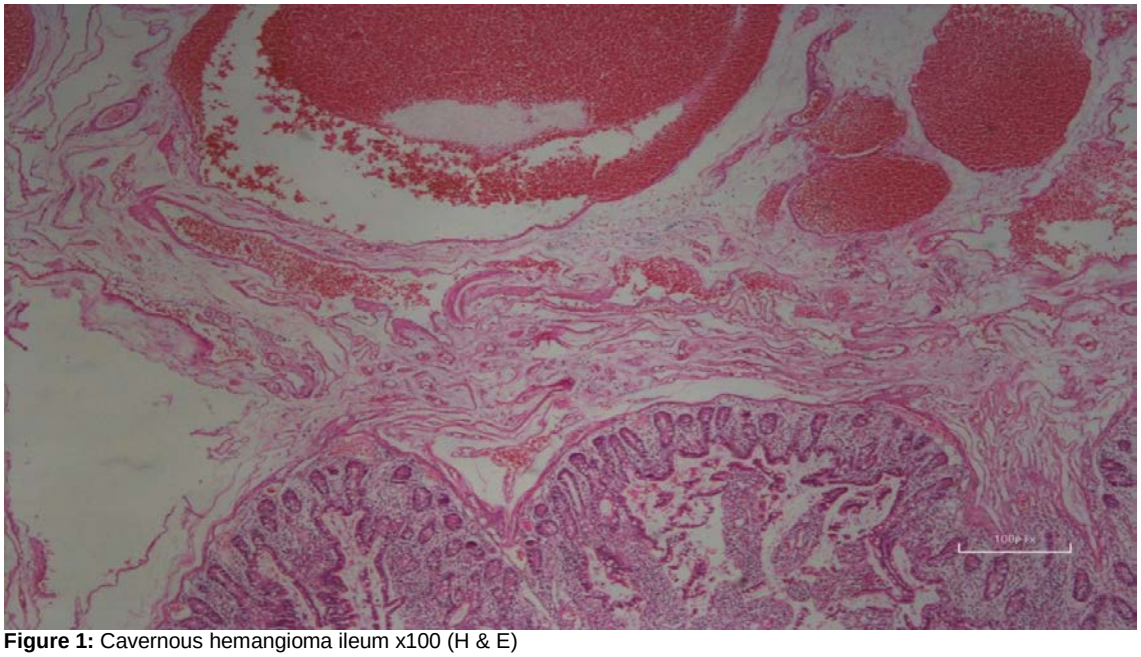

Figure 1: Cavernous hemangioma ileum x100 (H & E)

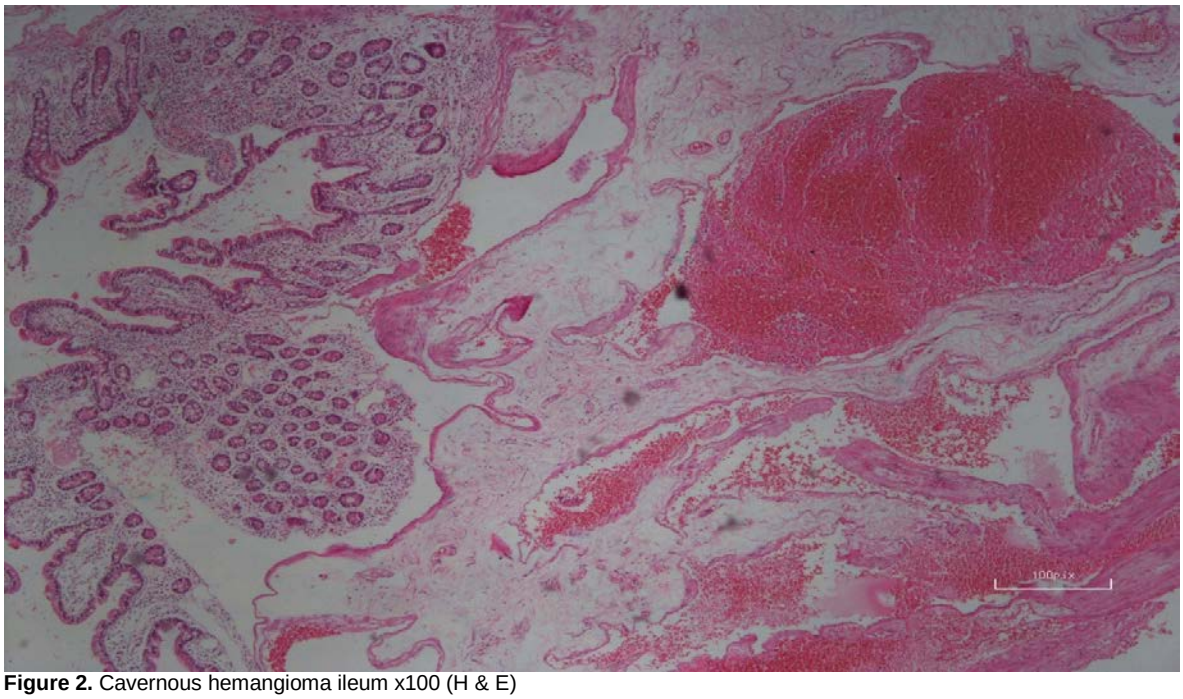

Figure 2. Cavernous hemangioma ileum x100 (H & E)

DISCUSSION

Hemangiomas are actually considered as venous malformations, but not true neoplasia. In cavernous hemangioma, the lower layer is lined by endothelial and remaining volume is filled with blood. There lesions may be solitary lesions or a form of familial lesions. In the blue-rubber-bleb-nevus-syndrome, hemangiomas have been found in the mesenteric[6]. In this case, familial syndromes have not been identified and the lesion is observed to be solitary.

Cavernous hemangiomas are usually seen in intestineal system while rarely seen in esophagus[7]. Cavernous hemangiomas are bluish purple, soft, and compressible lesions arising from larger submucosal arteries and veins. They diffusely infiltrate large segments of the bowel wall, adjacent soft tissues, or other organs. The serosa often demonstrates an irregular varicose vascular network[8]. Cavernous hemangiomas consist of large blood-filled spaces or sinuses lined by single or multiple endothelial layers. The supporting stroma contains scant connective tissue septa with variable numbers of smooth muscle fibers. Growth occurs at the tumor periphery by angioblastic proliferation, dilation of the capillary spaces, and fusion of intervascular connective tissue walls to form septa. Degenerative and sclerosing changes include the presence of thrombi in the cavernous spaces, overgrowth of fibrous tissue, hyalinization, edema, and focal calcification[8].

Four types of cavernous hemangioma exist: (a) multiple phlebectasia type, (b) simple polypoid type, (c) diffuse expansile type, and (d) multiple diffuse expansive type. Cavernous hemangiomas often measure <5 mm. Most lesions remain confined to the submucosa, where they rarely exceed 1 cm in diameter. Cavernous hemangiomas of the multiple phlebectasitype consist of multiple small discrete lesions found in any gastrointestinal segment. As many as 50 separate tumors may exist in a 20-cm length of the small intestine[8].

The hemangiomas could lead to acute or chronic bleeding, perforation and obstruction in small intestine. The cavernous hemangioma, mostly found in the jejunum in small intestine, while in the large intestine it is mostly observed in the

rectum. .In barium x-ray findings of small and large intestine, it is seen as intraluminal mass with the findings of compression. The boundaries of hemangiomas could be irregular and due to filling defects it could be misinterpreted as intestinal neoplasms[9]. The cavernous hemangioma of terminal ileum is a very rare in the literature. The preoperative diagnosis of cavernous hemangioma could be difficult. However, a successful diagnosis with capsule endoscopy and double-balloon endoscopy can be achieved[10,11]. Accurate preoperative diagnosis and minimally invasive approach may be possible.

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Yazışma Adresi / Address for Correspondence:
Dr. Cansu Abaylı
Cukurova University Faculty of Medicine
Department of Pathology
Balcalı-ADANA
Email: cabayli@mynet.com

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