

PICTURES IN DIGESTIVE PATHOLOGY

Hemolymphangioma as a cause of overt obscure gastrointestinal bleeding: a case report

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CASE REPORT

A 45-year-old woman without an important history complained of recurrent melena for about a year, with decreased hemoglobin of 4.5 g/dl, and required six blood transfusions. Gastroscopy and colonoscopy results were normal. Video capsule endoscopy showed a zone of lymphangiectasias with red blood in the proximal jejunum (Fig. 1). Double-balloon enteroscopy identified a 3-cm segment of proximal jejunum with nearly 50% of circumferential lymphangiectasias with oozing blood. It was treated with argon plasma coagulation and tattooed with India ink (Fig. 2). Later, the patient underwent an exploratory laparotomy which showed a jejunal tumor at 90 cm from the Treitz ligament. A 15-cm segment of jejunum was resected with primary anastomosis. Histological examination showed an 8-cm long mesenteric hemolymphangioma with infiltration to jejunum and free borders (Fig. 3).

DISCUSSION

Hemolymphangiomas are rare benign tumors, composed of dilated lymphatic spaces, extravasation of red blood cells and fibrosis. These malformations are either congenital or acquired. The most common location is the mesentery (1). The clinical onset of hemolymphangiomas can vary in size and location, and can present

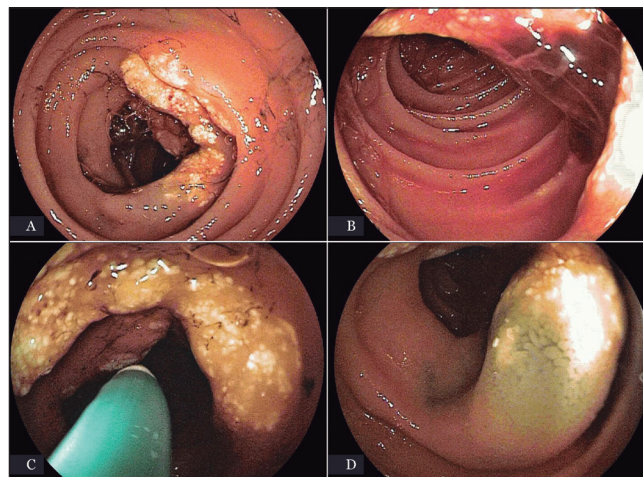


Fig. 2. Enteroscopy images. A. Hemolymphangioma. B. With blood remnants. C. Argon plasma coagulation. D. India ink tattoo.

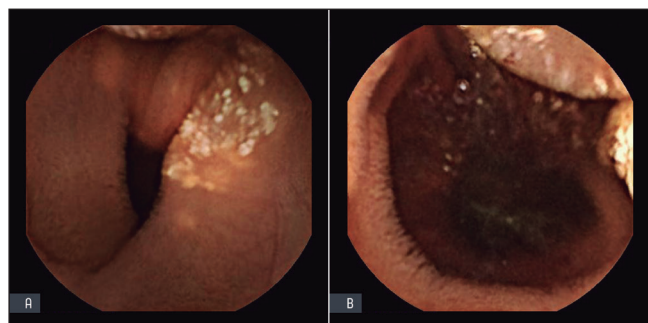


Fig. 1. Video capsule endoscopy images. A. Hemolymphangioma. B. With blood remnants.



Fig. 3. Hemolymphangioma. A. Surgical specimen. B. Histopathology.

hemorrhage, rupture and infection. Histologically, they consist of blood vessels and lymphatic channels (2). Diagnosis can be done by video capsule endoscopy. Although surgical resection appears to be the definitive treatment, double-balloon enteroscopy allowed effective treatment of bleeding small-bowel hemolymphangiomas (3).

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