

## PICTURES IN DIGESTIVE PATHOLOGY

# Cavernous hemangioma of small bowel: A rare cause of digestive hemorrhage

Dália Fernandes<sup>1,3</sup>, Isabel Dionísio<sup>2</sup>, Sofia Neves<sup>2</sup> and Patrícia Duarte<sup>1,3</sup>

Departments of <sup>1</sup>Gastroenterology and <sup>2</sup>Surgery. Cova da Beira Hospital Center. Covilhã, Portugal.  
<sup>3</sup>Health Sciences Faculty. University of Beira Interior. Covilhã, Portugal

## INTRODUCTION

Gastrointestinal hemangiomas are rare benign tumors, representing 0.05 % of all gastrointestinal tumors, that may appear isolated or as part of systemic vascular disorders (1). They are more frequent in the jejunum. Their main clinical manifestation is gastrointestinal bleeding, usually insidious in capillary hemangiomas, although it can be acute and severe in the cavernous type (2). Other forms of presentation can be obstruction, intussusception, intramural hematoma, perforation and platelet sequestration (3). Endoscopy is the method of choice in the diagnosis of such lesions, and the capsule endoscopy the gold standard for small bowel lesions (4). Surgical resection is the ideal treatment.

## CASE REPORT

We presented a 56-year-old woman who was admitted to the emergency room with hematochezia and syncope, of 24 hours of duration. She denied abdominal pain and referred recent use of ibuprofen. Physical examination on admission only revealed cutaneous-mucous pallor. Laboratory analyses revealed microcytic and hypochromic anemia (HGB 9.4 g/dL, MCV 78.1 fL and MCHC 33.7 g/dL). Upper gastrointestinal endoscopy showed none bleeding lesion. Fibrosigmoidoscopy showed abundant blood and clots on the lumen, but colonoscopy with ileoscopy on the following day detected none trace of blood or bleeding lesion. One week later a capsule endoscopy was performed and identified a large, violet-colored and circumferential lesion in the ileum, conditioning luminal stenosis, without active bleeding (Fig. 1). Computed tomography enterography demonstrated a 14 centimeter-long irregular thickening of the ileum, with focal calcifications (Fig. 2). A laparotomy was performed and the vascular tumor was confirmed and resected (Fig. 3). Histological examination revealed a cavernous hemangioma (Fig. 4). The surgery and postoperative period was uneventful.

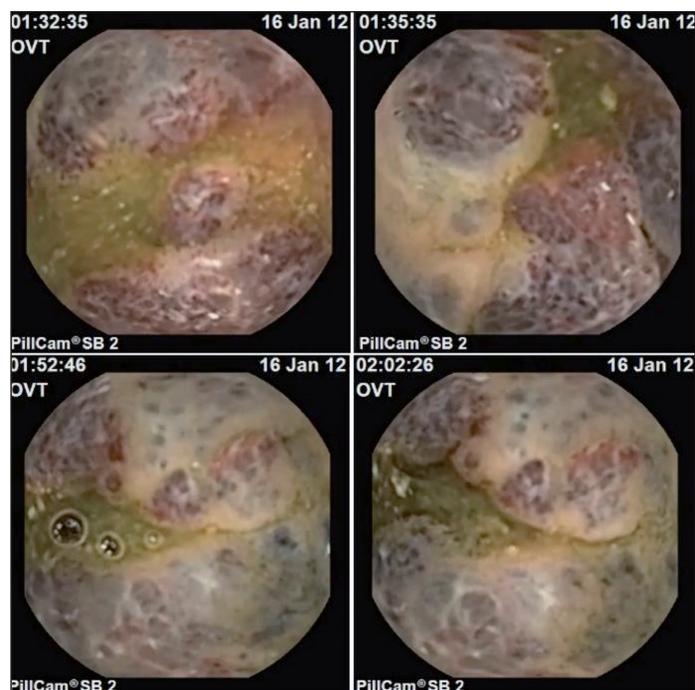


Fig. 1. The capsule endoscopy is displaying a large, violet-colored and circumferential lesion in the ileum, conditioning luminal stenosis, without active bleeding.



Fig. 2. Computed tomography enterography showing 14 cm-long irregular thickening of the ileum, with focal calcifications.

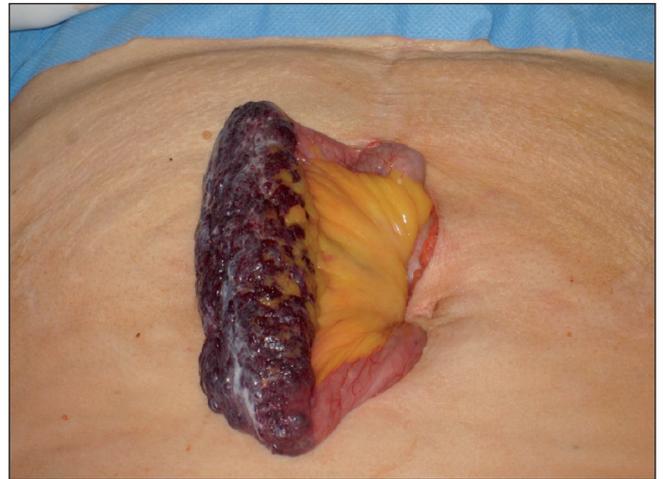


Fig. 3. Intraoperative appearance showing a purple-colored, well-vascularized tumor of 14 cm in length in the ileum.

## DISCUSSION

Although there are some case reports of gastrointestinal bleeding due to hemangiomas in the literature, this case stands out because of large size of hemangioma and its presentation as overt gastrointestinal bleeding at an advanced age.

## REFERENCES

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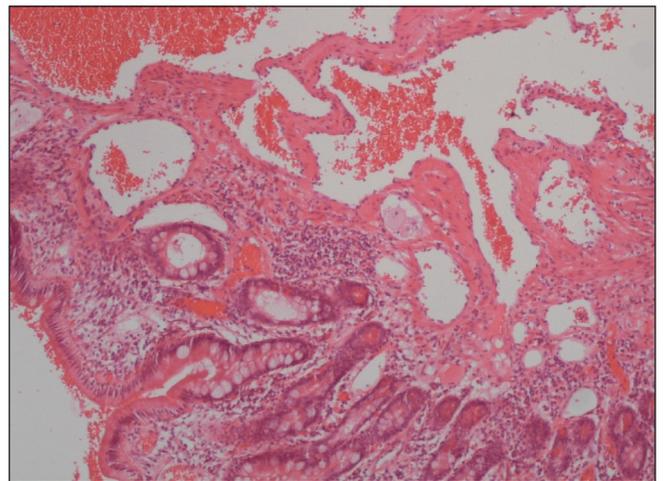


Fig. 4. Histologic section of the resected specimen showing cavernous hemangioma constituted by vascular structures ectatic and congestive with thin vascular wall.