1130-0108/2012/104/5/277-278
Revista Española de Enfermedades Digestivas

Rev Esp Enferm Dig (Madrid)
Vol. 104, N.° 5, pp. 277-278, 2012

# Letters to the Editor

## Small bowel giant cavernous hemangioma diagnosed by capsule endoscopy

*Key words: Giant cavernous hemangioma. Capsule endoscopy.*

*Dear Editor,*

Hemangiomas are congenital benign vascular lesions that can be classified as capillary, cavernous, or mixed type. Whereas some involute after birth, many others persist throughout life and some become symptomatic decades after birth. We report the case of a patient with iron deficiency anemia of unknown etiology since childhood whose diagnosis was made by capsule endoscopy.

### Case report

A 19-years old man with iron deficiency anemia had been followed up at the Department of Pediatrics since the age of 5-years old. The patient underwent upper and lower GI endoscopy, small bowel barium follow-through and Meckel's diverticulum scintigraphy, which were all negative. He has been all these years on oral iron therapy but otherwise asymptomatic. The patient was referred to the department of Gastroenterology for follow up and study. Initial diagnostic tests (upper and lower GI endoscopy and small bowel barium follow-through) were repeated, but they did not yield any diagnosis. An abdominal CT scan showed an 8 centimeter-long concentric mural thickening of the ileum with homogeneous enhancement of its wall. The findings suggested the diagnosis of Crohn's disease, but the radiologist was unable to rule-out intestinal lymphoma. The patient refused a study with capsule endoscopy and, therefore, we started empirical treatment with 5-ASA and intravenous iron.

The patient was admitted to the hospital two months later for severe anemia (hemoglobin: 4.8 g/dL) with several episodes of melena at home. This time he accepted to undergo a capsule endoscopy study. The study showed a large violet-colored polypoid submucosal lesion at the proximal ileum. The lesion occluded half of the lumen of the bowel and oozing bleeding was seen coming from the lesion (Fig. 1).

At laparotomy a purple-colored, well-vascularized tumor of 10 cm in length was resected (Fig. 2). The histological study demonstrated that the tumor was a giant cavernous hemangioma (Fig. 3). The patient was discharged five days after surgery. The

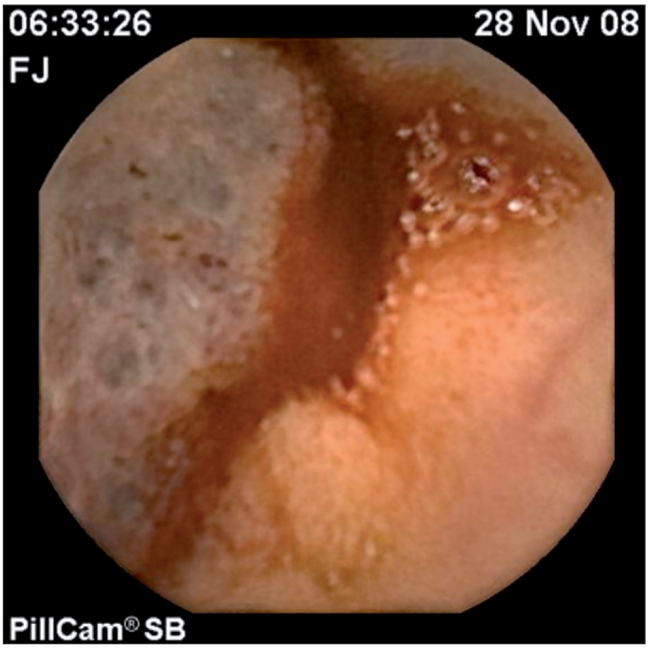


Fig. 1.Capsule endoscopy view of an actively bleeding of a violet colored polypoid submucosal lesion at the proximal ileum.

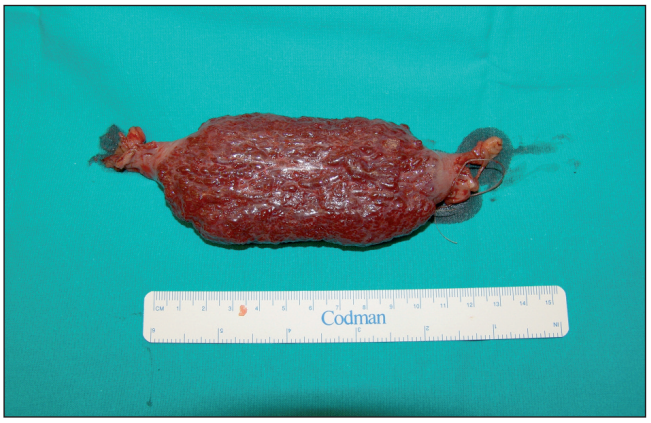


Fig. 2. Purple-coloured, well-vascularized tumor of 10 cm in length was resected.

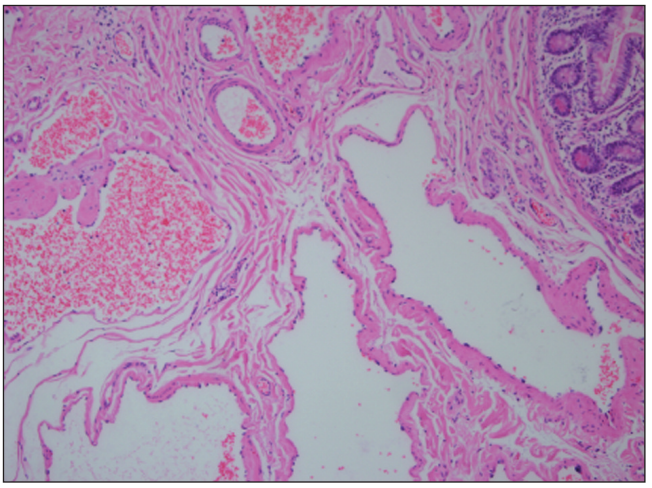

Fig. 3. Histopathologic evaluation revealed dilated structures in the submucosal, lined by flat endothelial cells, containing dot (H & E orig. mag. x40).

patient has remained asymptomatic and with normal laboratory blood counts since then.

## Discussion

We report the case of a young patient with iron deficiency anemia of unknown etiology since childhood. The anemia was caused by a giant cavernous hemangioma, diagnosed by capsule endoscopy. Hemangiomas are benign congenital vascular lesions that may appear isolated or as a part of syndromes (i.e. blue rubber bled nevus syndrome) (1). The most frequent location of gastrointestinal cavernous hemangiomas is the small intestine (mainly jejunum), followed by the colon, especially the rectosigmoid. The most common clinical presentation is obscure gastrointestinal bleeding, either occult or visible (2,3), although obstruction, intussusception, and perforation may occur. The treatment of choice is surgical resection of the lesion. The interest of this case lies not only in its rarity, but also on the role of capsule endoscopy for the correct diagnosis and subsequent management of the patient.

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