

APPROACH TO UPPER DIGESTIVE HEMORRHAGE WITH DIAGNOSIS OF CAVERNOUS LYMPHANGIOMA

Manejo de hemorragia digestiva alta com diagnóstico de linfangioma cavernoso

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INTRODUCTION

Lymphangioma consists of lymph vessels-like structures. Are considered benign tumors of such vessels. Presents three histological types: cystic cavernous and simple and can occur in different regions of the body such as head and neck, mesentery and gastrointestinal tract^{1,5,6}. This publication aims to expose a rare case of cavernous lymphangioma, diagnosed after extensive workup for upper gastrointestinal bleeding.

CASE REPORT

Men 68 years, hypertensive patient, with a history of ischemic stroke two years ago. He sought medical attention with severe microcytic and hypochromic anemia and several episodes of melena. Underwent to endoscopy evidencing on the second duodenal portion granulous inflammatory process, friability and presence of blood residues, mild distal esophagitis and mucosal pallor. Biopsy revealed a diagnosis of chronic nonspecific duodenitis. He was submitted two more endoscopies with biopsies that showed the same endoscopic and histological changes without adding any other data.

Proceeding with colonoscopy, mucosa presented with color, brightness and transparency usual, but with the presence of blackened secretion in the cecum. Image examinations found in abdominal ultrasonography mesogastric inferiorly in the pancreas region two nodules above the aorta measuring about 3.7 x 1.9 and 2.0 x 1.5 cm (Figure 1).

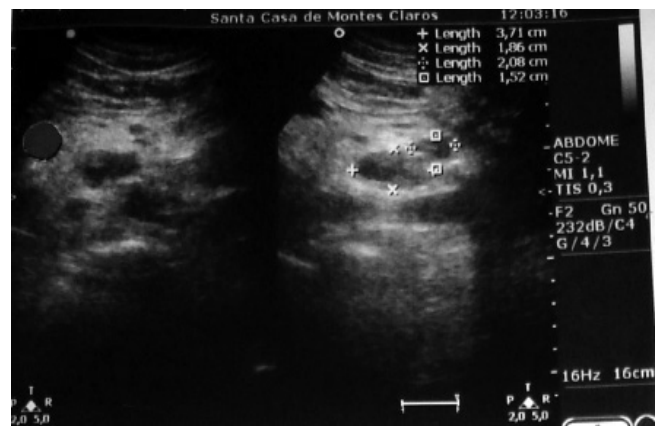


FIGURE 1 - Ultrasound image showing nodulations were pre-aortic

In total abdominal CT contrast, it was noted thickening of the third portion of the duodenum and proximal jejunum with massive retroperitoneal lymph node, and several lymph nodes diffusely distributed (Figure 2).

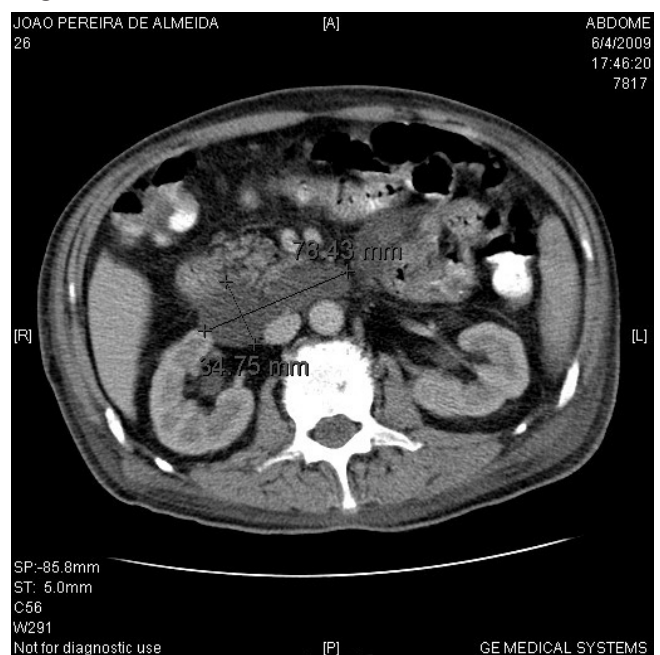


FIGURE 2 - Duodenum and proximal jejunum with retroperitoneal lymph node mass in tomographic image

The intestinal transit showed irregularities in mucosal, thickening at the third portion of the duodenum and proximal jejunum of unknown etiology. Was further performed abdominal aortography and selective arteriography of the superior and inferior mesenteric artery, not being evidenced by angiography signs of active bleeding.

The treatment was performed by laparotomy with inventory of abdominal cavity, where it was found vegetating lesion infiltrating the proximal jejunum and mesentery. Histology showed portions of tissue with blood and lymphatic vascular spaces lined by endothelium with fibrofatty stroma sometimes forming cysts; the final diagnosis was cavernous linfoangioma

DISCUSSION

Linfangiomas are benign lesions that are usually congenital malformations, especially in regions of the head and neck, but can affect various topographies and organs⁴. Therefore, symptoms and complications depend on the site and size. Three histologic subtypes are presented separately for the most part, however there may be different classes within a single tumor.

The diagnosis may be suspected by ultrasonography, computed tomography and magnetic

resonance imaging of the affected segment, and do not present any characteristic in these exams⁷. Confirmation must be made by histopathologic or immunohistochemistry².

A surgical excision of the lesion and adjacent tissues consists the better treatment⁵. A partial resection is associated with high recurrence rate, reaching to 50% at two years³.

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