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IMAGE OF THE MONTH

Small bowel lymphangioma



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KEYWORDS

Lymphangioma;
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An asymptomatic 56-year-old female underwent an oral double-balloon enteroscopy for evaluation of a subepithelial tumor of the jejunum described in prior capsule endoscopy (Fig. 1) performed for exclusion of synchronous lesions in patient with history of adenomas of the duodenum.

Double-balloon enteroscopy revealed a 20 mm, regularly surfaced, yellowish, oval polypoid lesion in the proximal jejunum covered with several white-colored spots (Fig. 2).

A macro-biopsy using an electrocautery snare was obtained and a milky fluid was observed to drain from the lesion (Fig. 2b).

Typical endoscopic features, namely a soft and yellow subepithelial tumor with white spots on surface and drainage of milky fluid after biopsy, are consistent with the diagnosis of lymphangioma. Histopathologic evaluation of the

biopsy specimen corroborated the well-established clinical diagnosis (Fig. 3).

Lymphangiomas are benign vascular tumors and are extremely rare in adults and in the gastrointestinal tract. Although the etiology remains unclear, they may be associated with anomalous development of the lymphatics or inflammation and obstruction of developed lymphatic vessels [1].

The majority of cases are asymptomatic and thus detected incidentally. Nevertheless non-specific symptoms, including abdominal pain, nausea, vomiting and weight loss may be present [2].

Lymphangiomas rarely require specific treatment, unless complications, such as bleeding, intussusception and protein-losing gastroenteropathy are present [3].

Due to the increasing use of endoscopic diagnostic techniques, it is expected that asymptomatic gastrointestinal masses may be detected more frequently. Despite the rarity, the presence of a soft and yellow subepithelial tumor with white spots and drainage of milky fluid after biopsy, the diagnosis of the lymphangioma can be established with no need for more diagnostic tests or treatment if the patient is asymptomatic.

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Figure 1 Capsule endoscopy revealed a yellowish oval polypoid lesion with approximately 15 mm in diameter, in the proximal jejunum.

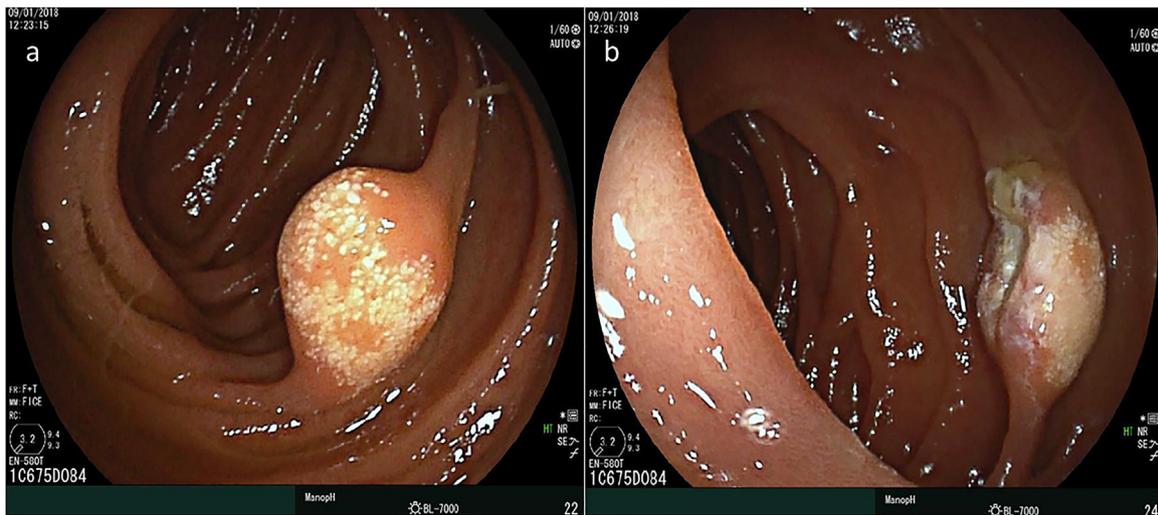


Figure 2 Oral double-balloon enteroscopy showed a 20 mm, regularly surfaced, yellowish, oval polypoid lesion in the proximal jejunum covered with several white-colored spots (a). Drainage of milky fluid into the jejunal lumen was observed from the lesion when it was grasped by electrocautery snare (b).

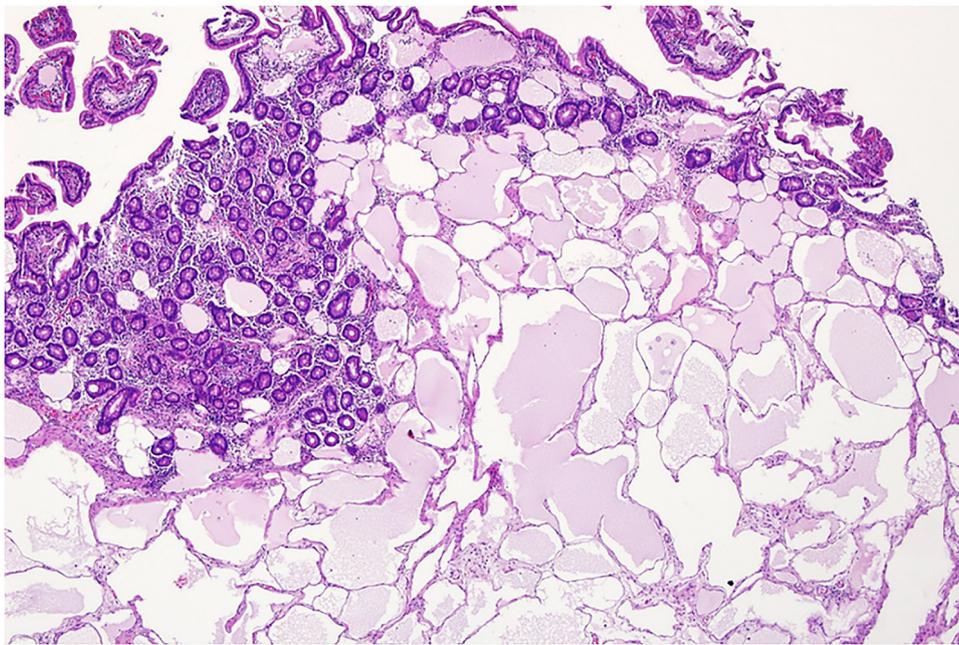


Figure 3 Histological examination showed numerous dilated lymphatic vessels in the small intestine mucosa (H&E, 40×) consistent with lymphangioma.

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Disclosure of interest

The authors declare that they have no competing interest.

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