



Image of the Month

Duodenal focal lymphangiectasia

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A 58-year-old woman with a 6-month history of mild upper abdominal pain and fatigue was referred for esophagogastroduodenoscopy (EGD). Physical examination and laboratory tests were unremarkable. EGD revealed a local elevated finding suspicious for a subepithelial lesion in the second part of the duodenum. It measured approximately 2 cm in diameter. The surface pattern included small and white dots distributed among the duodenal villi (Fig. 1). Narrow-band imaging (NBI) with magnification clearly revealed well circumscribed plaque-like dots, with swollen surrounding mucosa. Endosonography (EUS) showed only minor thickening of the duodenal wall. After forceps biopsy, milky fluid with the appearance of chyle poured out. Histological evaluation of the biopsy sample revealed dilation of lymphatic vessels in the mucosa, without other associated histopathologic findings (H&E, $\times 20$), consistent with a diagnosis of duodenal lymphangiectasia (Fig. 2). The focal form of intestinal lymphangiectasia is rarely seen compared to the diffuse type [1]. If no specific cause of the lymphangiectasia

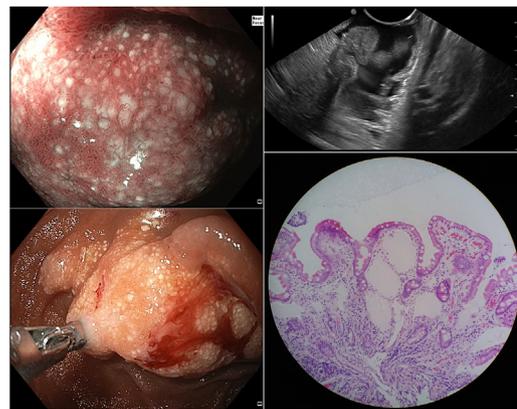


Fig. 2. Narrow-band imaging (NBI) with magnification revealed well circumscribed plaque-like dots, with swollen surrounding mucosa. After forceps biopsy, milky fluid with the appearance of chyle poured out. Histopathological examination showed dilation of lymphatic vessels in the mucosa without any other associated histopathologic findings (H&E, $\times 20$).

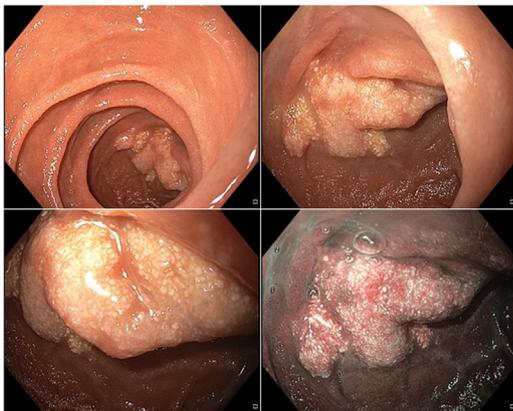


Fig. 1. EGD demonstrated a local elevated lesion in the second part of the duodenum with a diameter of approximately 2 cm. The surface pattern included small and white dots distributed among the duodenal villi.

can be found, it is recommended to refrain from any intervention or any further work-up. In this case, thorough assessment using NBI and EUS, was useful to distinguish from other conditions such as neoplastic lesions.

Conflict of interest

The authors disclose no financial relationships or conflicts of interests relevant to this publication.

Reference

- [1] Yang SY, Kwon SK, Choi SI. Gastrointestinal: focal lymphangiectasia. *J Gastroenterol Hepatol* 2006;21:1215.

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