Laparoscopic resection of a gastric glomangioma

Fig. 1 Endoscopic appearance in a 51-year-old woman with epigastric distension showing a hemispheric bulge in the mucosa of the lesser curvature of the distal gastric body.

Fig. 2 Color Doppler ultrasound view of the lesion showing rich blood flow within the multiple hypoechoic lumen-like structures that were identified in the lesion.

Fig. 3 Appearance during laparoscopic wedge resection of the gastric hemangioma.

Fig. 4 Pathologic appearance of the wedge resection specimen showing lesions located in the submucosa and between the muscles, which were consistent with a glomangioma.

A 51-year-old woman underwent gastroscopy because of epigastric distension. The mucosa in the lesser curvature of the distal gastric body showed a hemispheric bulge, with a smooth surface and normal color (● Fig. 1). An ultrasound scan showed the presence of a lesion located within the submucosa. It was olive shaped with a medium echo, and the boundary was distinct and smooth with uneven echoes. Multiple hypoechoic lumen-like structures, which typically measured approximately 2 mm, were observed inside the lesion. Color Doppler showed a rich blood flow inside these lumen-like structures (● Fig. 2).

A preliminary diagnosis of gastric hemangioma was made and a laparoscopic wedge resection was performed (● Fig. 3). Subsequent pathologic examination showed lesions in the submucosa and between the muscles that were consistent with glomangioma (● Fig. 4). Immunohistochemical staining was negative with CD117, CD34, DOG.1, S-100, CgA, p53, and AE1/AE3; weakly positive with Vimentin (● Fig. 5) and Syn; moderately positive with SMA; and Ki-67 revealed 5%–10% positivity. Gastric glomangioma is a rare benign gastric tumor. Most patients show no symptoms, but some do have gastrointestinal bleeding. One of the 32 cases reported by Miettinen et al. showed invasive biologic behavior [1]. In our case, the capsule remained intact after resection and the cells showed no atypical morphology; no recurrence or metastases have occurred within a year of follow-up.

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Competing interests: None

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Fig. 5 Immunohistochemical staining of the wedge resection specimen showing positivity for Vimentin.

References

- 1 *Miettinen M, Paal E, Lasota J et al.* Gastrointestinal glomus tumors: a clinicopathologic, immunohistochemical, and molecular genetic study of 32 cases. *Am J Surg Pathol* 2002; 26: 301–311

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