Bluish discoloration of the esophagus: cavernous hemangioma of the pharynx and larynx with esophageal involvement

An 18-year-old man was referred for upper gastrointestinal endoscopy to evaluate presurgically a cavernous hemangioma of the pharynx and larynx. This condition, which caused him to experience laryngeal stridor, had been diagnosed when he was 16 years old. Therapy with propranolol, carbon laser surgery, and intralesional injection of dexamethasone had not reduced the size of the hemangioma.

Magnetic resonance imaging showed a neoplasm extending inferiorly from the aryepiglottic folds and vocal cords, involving the hypopharynx and surrounding the esophagus, trachea, and brachiocephalic trunk (► Fig. 1 a,b). Because of continued symptoms and for presurgical evaluation, upper gastrointestinal endoscopy was performed, which showed an angiomatic lesion at the level of the left aryepiglottic fold with prolapse to the laryngeal aditus (► Fig. 2 a,b). The mucosa of the proximal esophagus appeared bulbous and had a bluish discoloration 6 cm in size between 20 and 26 cm from the incisors (► Fig. 3 a,b), related to the known hemangioma (► Video 1). The rest of the examination was normal.

Hemangiomas of the neck and head are uncommon vascular neoplasms with unpredictable clinical behavior. Among benign tumors of the esophagus, esophageal hemangiomas are relatively rare. Hemangiomas are not very rapidly developing tumors, and in most cases clinical observation is the best therapy [1]. The hemangiomas are usually asymptomatic, but obstruction and life-threatening hemorrhage have been reported in rare symptomatic cases. Typically, the overlying bluish mucosa can be seen easily in the esophagus [2].

Patients with additional symptoms, such as bleeding from the hemangioma, aerodigestive tract stenosis, and cosmetic problems, may require treatment. Esophagectomy or tumor enucleation has been used to treat esophageal hemangioma. Recently, endoscopic sclerotherapy, laser therapy, and endoscopic mucosal resection have also been reported [3]. In the present case, the patient will undergo a partial resection.

Fig. 1 a,b Magnetic resonance image of a cavernous hemangioma of the pharynx and larynx with esophageal involvement in an 18-year-old patient. The neoplasm extends inferiorly from the aryepiglottic folds and vocal cords, involving the hypopharynx and surrounding the esophagus, trachea, and brachiocephalic trunk.

Fig. 2 a,b Upper gastrointestinal endoscopy reveals an angiomatic lesion at the level of the left aryepiglottic fold with prolapse to the laryngeal aditus.

Video 1

Upper gastrointestinal endoscopy reveals a lesion at the level of the left aryepiglottic fold and a bluish discoloration of the esophageal mucosa, which appears bulbous and is 6 cm in size.

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Competing interests: None

Fig. 3 a, b Upper gastrointestinal endoscopy. The mucosa of the proximal esophagus appears bulbous and has a bluish discoloration 6 cm in size between 20 and 26 cm from the incisors.

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