Jejunum lymphangioma: a rare case of obscure gastrointestinal bleeding with successful endoscopic therapy

An 84-year-old woman with a history of diabetes and hypertension was admitted to the cardiology ward for endovascular therapy for peripheral arterial occlusive disease. Following the procedure, she had tarry stool passage, and subsequent upper endoscopy did not find the source of the bleeding. She received esomeprazole, but the bleeding persisted, requiring daily blood transfusions. After a repeated upper endoscopy did not reveal the bleeder, capsule endoscopy was performed. An active bleeder was found in the proximal jejunum, and enteroscopy was performed for endoscopic therapy. On enteroscopy, a whitish polypoid lesion with active bleeding was found (Fig. 2; Video 1). Endoscopic resection and clipping of the polyp resulted in hemostasis (Fig. 3). The pathology showed proliferation of variable-sized and irregularly shaped lymphatic channels in the lamina propria (Fig. 4) and submucosa. D2–40 immunostaining highlighted bland endothelial cells. The elastin stain revealed no malformed blood vessels. From these results, a diagnosis of bleeding jejunum lymphangioma was made.

A lymphangioma is a benign tumor caused by dilatation of lymphatic channels. While this tumor is most common in the head, neck, and axillae regions, intestinal lymphangioma does very rarely occur in adults. Some patients are asymptomatic; others experience abdominal pain, weight loss, vomiting, steatorrhea, ascites, intussusception,
mechanical ileus, and, rarely, bleeding. Intestinal lymphangioma can lead to hypoproteinemia, hypogammaglobulinemia, hypoalbuminemia, and lymphopenia. The mechanism of gastrointestinal bleeding caused by lymphangiectasia is not clear. It is postulated that obstruction of lymphatic flow in such lesions increases the pressure of lymphatic-venous connections, causing retrograde blood flow into the lymphatic channel that results in gastrointestinal bleeding. Diagnosis can be made through barium enema, CT scan, and endoscopic evaluation. The treatment of symptomatic lymphangioma includes endoscopic resection or surgical resection. In this case, the bleeding intestinal lymphangioma was successfully diagnosed by capsule endoscopy and treated by resection during enteroscopy.

Endoscopy_UCTN_Code_CCL_1AC_2AB

Competing interests

The authors declare that they have no conflict of interest.

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Acknowledgment

The authors received funding from the Changhua Christian Hospital (109-CCH-IRP-008) for this manuscript.

Bibliography

Endoscopy 2021; 53: E307–E308
DOI 10.1055/a-1268-6992
ISSN 0013-726X
published online 8.10.2020
© 2020, Thieme. All rights reserved.
Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

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