A 26-year-old woman (case 1) was referred for evaluation of recurrent episodes of melena. Gastroscopy, colonoscopy with ileoscopy, and small-bowel computed tomography (CT) scan were normal. Capsule endoscopy (Pill cam SB 2, Given Imaging, Yoqneam, Israel) disclosed a lesion with whitish carpet-like villi and superficial red spots with spontaneous bleeding at the proximal jejunum. At double-balloon enteroscopy (Fujinon, Saitama, Japan) the lesion occupied two-thirds of the lumen (Fig. 1). The involved segment was resected by laparoscopy (Fig. 2).

Microscopy showed a mixed lesion with a central core of dilated cavernous vascular channels surrounded by dilated lymph vessels (Fig. 3). The diagnosis of a mixed cavernous hemangioma-lymphangioma was confirmed by immunostaining [1] (Fig. 4).

A 59-year-old man (case 2) was admitted for two episodes of melena. Gastroscopy and colonoscopy were normal. Capsule enteroscopy revealed a polyloid lesion covered by whitish and red spots at the proximal jejunum (Fig. 5), which was confirmed on double-balloon enteroscopy. The patient underwent single-port laparoscopy and the involved segment was resected. The lesion, 3.5 cm × 7 cm in size, corresponded to a mixed cavernous hemangioma-lymphangioma.

Gastrointestinal cavernous hemangiomas are congenital benign vascular lesions that are usually located in the jejunum. Their endoscopic appearance at enteroscopy was characterized by whitish carpet-like villi and superficial red spots with spontaneous bleeding. Mixed cavernous hemangioma-lymphangioma of the jejunum: detection by wireless capsule endoscopy

**Fig. 1** Case 1. Double-balloon endoscopy showing a large hemi-circumferential lesion, with whitish carpet-like villi and red spots.

**Fig. 2** Case 1. a The lesion was easily identified at laparoscopy because of its central bluish appearance, surrounded by whitish lymphatic tissue. b Internal aspect of the surgical specimen.

**Fig. 3** Case 1. The lesion involving the mucosa and the submucosa is a cavernous hemangioma (H) surrounded by dilated cavernous lymphatic channels (L). The overlying intact mucosa is thickened by numerous lymphangiectasis (arrowhead). The asterisk indicates a focal hemorrhage in contact with the muscularis propria (hematoxylin and eosin staining; original magnification × 20).

---

Mavrogenis G et al. Mixed cavernous hemangioma-lymphangioma of the jejunum... Endoscopy 2011; 43: E217–E218
copy or capsule endoscopy is usually of a sessile or polypoid, bluish or red lesion [2–4]. However, in our two cases, the surface of the hemangioma was covered by white spots, suggesting a lymphatic component. The mixed pattern of lymphatic-vascular tissue was confirmed on histological examination. Mixed hemangioma-lymphangioma has been previously described at the colon and the designation of hemangiolymphangioma has been proposed [5]. The images presented here are the first by means of capsule endoscopy and double-balloon enteroscopy. This histological variation should be kept in mind in the differential diagnosis of vascular lesions with lymphangiectasias.

Endoscopy_UCTN_Code_CCL_1AC_2AB

Competing interests: None

G. Mavrogenis1, D. Coumaros1, N. Lakhrib1, C. Renard2, J. P. Bellocq2, J. Leroy3
1 Department of Gastroenterology, University Hospital, Strasbourg, France
2 Department of Histopathology, University Hospital, Strasbourg, France
3 Department of Digestive Surgery, University Hospital, Strasbourg, France

References
1 Kahn HJ, Bailey D, Marks A. Monoclonal antibody D2–40, a new marker of lymphatic endothelium, reacts with Kaposi’s sarcoma and a subset of angiosarcomas. Mod Pathol 2002; 15: 434 – 440
2 Chen CH, Jones J. Profound iron deficiency anemia caused by a small-intestinal cavernous hemangioma. Gastrointest Endosc 2009; 69: 1392 – 1393
4 Willert RP, Chong AK. Multiple cavernous hemangiomas with iron deficiency anemia successfully treated with double-balloon enteroscopy. Gastrointest Endosc 2008; 67: 765 – 766

Bibliography
Endoscopy 2011; 43: E217 – E218
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

Corresponding author
D. Coumaros
IRCAD/EITS
University Hospital
1 Place de l’Hôpital
67091 Strasbourg
France
Fax: +333-887-51521
coumarosd@wanadoo.fr