

A Case of Diffuse Cavertous Hemangioma of the Rectum with Unusual Clinical Manifestations

Massive intermittent or sporadic proctorrhagia continues to be the most common manifestation of cavernous hemangioma of the rectum, and constitutes 75% of the cases reported (1). A 16-year-old girl was referred to our unit for evaluation of ferropenic anemia. In the years preceding the present hospitalization, she never noticed blood in her stool and had a normal life, until three months prior to admission when she started to complain of weakness and tiredness. On admission she was pale, and digital examination of the rectum was negative for blood. Laboratory results revealed: Ht rate 23%, Fe-serum level 30 pg/dl and ferritin level 10 ng/ml. A stool sample was positive for blood. Colonoscopy showed an irregularly nodular enlarged tortuous submucosal vascular network with dark-red overlying mucosa covering the rectum (Figure 1).

Exploratory laparotomy disclosed hemangiomatous tissues involving the rectum, and a sphincter-saving procedure, in two stages, was performed. She has had complete anal continence without urinary impairment or blood loss for the two years since the surgical procedure. Patients with cavernous rectal hemangioma experience rectal bleeding as a result of local trauma which may be produced either by abrasion of the rectal mucosa or by a tendency of the hemangiomatous mass to prolapse on defecation (1,2). For the latter reason, hemorrhoidectomy may produce temporary relief of symptoms.

Endoscopically the lesion has been reported to be an irregularly nodular, enlarged tortuous submucosal vascular network with dark friable overlying mucosa (1,2). Other authors have described hemangiomas as bluish or plum colored (2,3). Ordinarily, endoscopic biopsy is not necessary and could be hazardous.

Our patient was successfully treated with a sphincter-saving procedure which is the treatment of choice for this benign lesion in young adults (4). Following a review of the literature, our case is the first patient with cavernous rectal hemangioma presenting only with the symptoms of weakness and tiredness without visible bleeding. Diffuse rectal hemangioma should be considered as a probable cause of indefinite ferropenic anemia especially in young teenagers.

P. Katsinelos, N. Eugenidis, G. Paroutoglou, J. Katsos, T. Vasiliadis
Second Propedeutic Clinic of Internal Medicine, Aristotelion
University of Thessaloniki, Ippokraton General Hospital, Greece



Figure 1: Colonoscopy findings of an irregularly nodular and enlarged tortuous submucosal vascular network with dark-red overlying mucosa covering the rectum.

References

1. Allred HW, Spencer RJ: Hemangiomas of the colon, rectum and anus. *Mayo Clin Proc* 1974; 49: 739-741.
2. Grasso G, Greco P, Tricoli D, Carullo F: Cavernous hemangioma of the colon and rectum: a case report. *Tumor* 1982; 68: 173-176.
3. Parker CW, Murney JA, Kenoyer WL: Cavernous hemangioma of the rectum and rectosigmoid: a case report and review. *Dis Colon Rectum* 1960; 3: 358-363.
4. Wang C: Sphincter-saving procedure for treatment of diffuse cavernous hemangioma of the rectum and sigmoid colon. *Dis Colon Rectum* 1985; 28: 604-607.

Corresponding Author

P. Katsinelos, M.D.
Ydras 31
54638 Thessaloniki
Greece