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Gastric lymphangioma. Diagnosis by endoscopic resection of a foreign entity

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Dear Editor,

Lymphangioma is a rare and infrequent benign tumor at the gastric level. We present a case in which a gastric lymphangioma was diagnosed and treated via endoscopic resection.

Case report

An 82-year-old patient underwent gastroscopy for chronic anemia, and a 4 cm polypoid lesion without active bleeding was detected. A second endoscopy revealed the previously described polypoid lesion, which was a mobile 4 cm lesion with a wide pedicle (Fig. 1A). It was resected using a diathermic loop, achieving en bloc resection, resulting in a wide scar with minimal bleeding, subsequently controlled using an endoloop (Fig. 1B). Microscopic examination of the resected specimen showed the submucosa expanded by a mesenchymal infiltration with an inflammatory component and vessels of variable size, penetrating towards the basal portion of the mucosa (Fig. 1C). The lesion was accompanied by a deep proliferation of dilated and anastomosed lymphatic vessels, with thin walls, lined by a single layer of flat endothelial cells; histopathological findings associated with lymphangioma (Fig. 1D). No signs of dysplasia or malignancy were observed in any of the sections.

Discussion

Lymphangioma is a benign tumor with a low prevalence, typically occurring in soft tissues and extremely rare in the intra-abdominal region (1), and even rarer within the digestive system, with
the small intestine being the most common site. In the stomach, fewer than 100 cases have been reported in the English and Asian literature since its initial description in 1953. Treatment varies depending on the size of the lesion, its location, and the presence of complications. Surgical treatment is usually the preferred option (2) due to the lower recurrence rate. Recurrence varies depending on the complexity of the lesion. Completely resected lesions have a recurrence rate of 10-27 %, while partially resected lesions have a recurrence rate of 50 to 100 % (3). However, thanks to advances in endoscopic techniques, endoscopic resection appears to be a safe, effective and minimally invasive technique (4,5). Our case supports the success and safety of endoscopic resection of these lesions, especially in elderly patients with comorbidities.

References
Fig. 1. Endoscopic and histologic images. A. 4 cm polyp with an inflammatory appearance prior to resection. B. Resected polyp after endoloop placement. C. Expanded submucosa due to inflammatory component. Proliferation of dilated and deeply anastomosed lymphatic vessels. D. Proliferation of dilated and anastomosed vessels (lymphangioma).