Revista Española de Enfermedades Digestivas
The Spanish Journal of Gastroenterology

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DOI: 10.17235/reed.2023.9778/2023
Link: PubMed (Epub ahead of print)

Please cite this article as:
Carballo-Folgoso Lorena, Cuevas Pérez Javier, Celada-Sendino Miriam, Martínez Camblor Luis, Merino Baamonde Sofía, García Alonso Leire, García Álvarez Verónica, Suárez Adolfo . Small bowel cavernous hemangioma as an uncommon cause of iron-deficiency anemia. Rev Esp Enferm Dig 2023. doi: 10.17235/reed.2023.9778/2023.

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Small bowel cavernous hemangioma as an uncommon cause of iron-deficiency anemia

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Conflict of interest: the authors declare no conflict of interest.

Keywords: Cavernous hemangioma. Small bowel vascular lesions. Capsule endoscopy. Iron-deficiency anemia.

Dear Editor,

Small bowel hemangiomas are benign congenital vascular lesions that are difficult to diagnose due to their low incidence and clinical variability. Patients may be asymptomatic or may present anemia, gastrointestinal bleeding, obstruction, intussusception or intestinal perforation.

Case report

A 75-year-old female with iron-deficiency anemia history and normal endoscopic studies (gastroscopy and colonoscopy) consulted due to worsening anemia (hemoglobin [Hb] 7.8 g/dl, mean corpuscular volume [MCV] 69 fL and mean corpuscular hemoglobin [MCH] 20 pg). Gastroscopy and colonoscopy were repeated,

with no abnormal findings. A capsule endoscopy study revealed a 15-mm violet-colored polypoid submucosal lesion in the jejunum, with a marked vascular network and fresh blood stains distal to the lesion (Fig. 1A and B). Abdominal computed tomography (CT) revealed a 14-mm intraluminal submucosal hypervascular tumor in the distal jejunum (Fig. 1B and C). The small bowel lesion was removed by laparoscopy 1.8 m from the angle of Treitz. The histopathology findings reported a cavernous hemangioma (Fig. 1D and E). The patient had been asymptomatic, with normal hemoglobin levels since then.

Discussion

Hemangiomas are benign congenital vascular lesions that derive from mesenchymal tissue. According to the size of affected vessels, hemangiomas are histologically classified into capillary, cavernous, or mixed, with the cavernous type being the most common (1,2). They represent 0.05 % of gastrointestinal tumors. The most frequent location of gastrointestinal cavernous hemangiomas is the small intestine (mainly jejunum), followed by the colon, especially the rectosigmoid. They can be solitary, multiple, or associated with various syndromes such as blue rubber bleb nevus syndrome, Klippel-Trenaunay-Weber syndrome and Maffucci syndrome (3). Differential diagnoses include gastrointestinal stromal tumors (GIST), leiomyomas, leiomyosarcoma, schwannoma, lipomas, varicose veins and carcinomas. Although the definitive diagnosis is histopathological, capsule endoscopy is a useful tool, superior to other diagnostic techniques, such as technetium-99m red blood cell scintigraphy, which has not shown great clinical usefulness (4). Capsule endoscopy is currently the gold standard technique for the diagnosis of small bowel lesions. Although endoscopic polypectomy prior to embolization has been described, the standard treatment is surgical resection (5).

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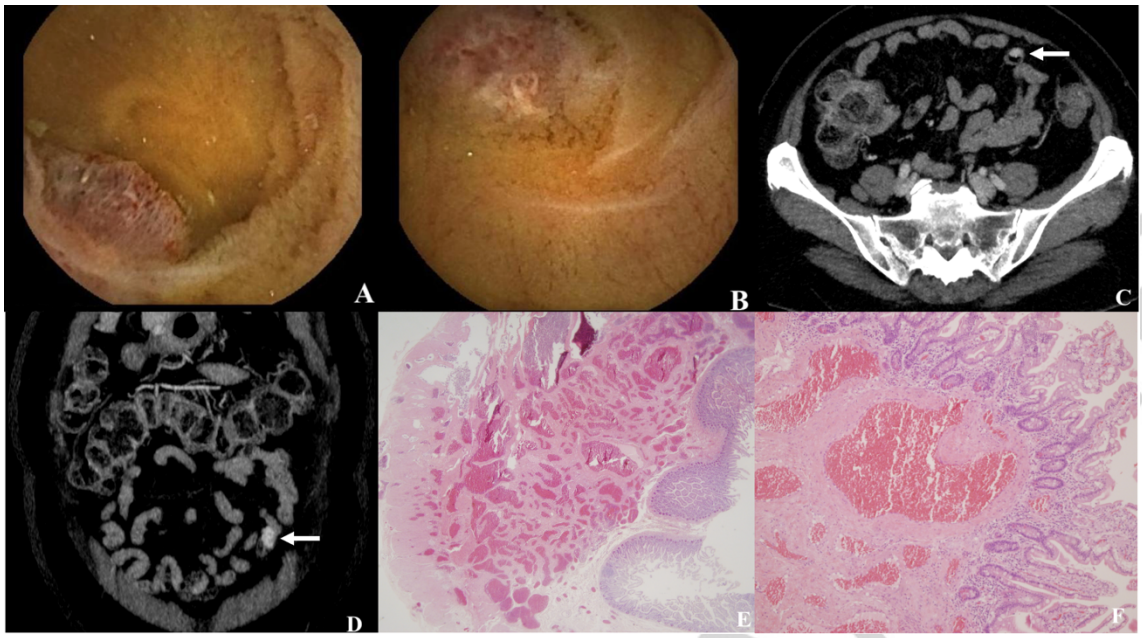

Fig. 1. A and B. Capsule endoscopy images: violaceous polypoid submucosal lesion with a marked vascular network in the jejunum. C and D. Abdominal computed tomography (CT) with intravenous contrast: endoluminal lesion in the distal jejunum with homogeneous contrast uptake (arrow), axial MIP reconstruction (C) and coronal MIP reconstruction (D). E. Histopathology of the surgical piece: cavernous hemangioma constituted by blood lacunae and vascular spaces of sinusoidal morphology, hematoxylin-eosin 20x. F. Dilated structures and vascular spaces in the submucosa, hematoxylin-eosin 100x.