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Jejunum cavernous hemangioma: a rare cause of gastrointestinal bleeding

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CASE REPORT

A 69-year-old male with a medical history of atrial fibrillation on edoxaban was admitted with a three-day history of melaenas. Blood tests showed a hemoglobin level of 4.9 g/dl. On esophagogastroduodenoscopy, no blood or signs of bleeding were seen. On colonoscopy, dark red blood residue in the terminal ileum was identified. Small-bowel capsule endoscopy (SBCE) showed a violaceous polypoid lesion in the intestinal mucosa of the proximal jejunum with evidence of bright red blood (Fig. 1). Balloon-assisted enteroscopy showed several violaceus protruded areas with active bleeding, non-amenable to endoscopic control. Surgical exploration revealed several vascular lesions of the small bowel (SB) over 130 cm with active bleeding. A segmental resection was performed. Macroscopic examination showed bluish-colored lesions (Fig. 2). Histopathological exam showed a jejunum cavernous hemangioma (Fig. 3). The

patient had no episodes of subsequent bleeding.

DISCUSSION

Hemangiomas account for 5 to 10 % of all benign lesions of the SB and can present as acute bleeding (1). This case highlights the relevance of the timing of SBCE in patients with overt suspected SB bleeding maximizing diagnostic and therapeutic yield (2). Despite the evolution of therapeutic endoscopy in the management of gastrointestinal bleeding, in cases such as this, the treatment of choice is still surgical resection of the lesion (3).

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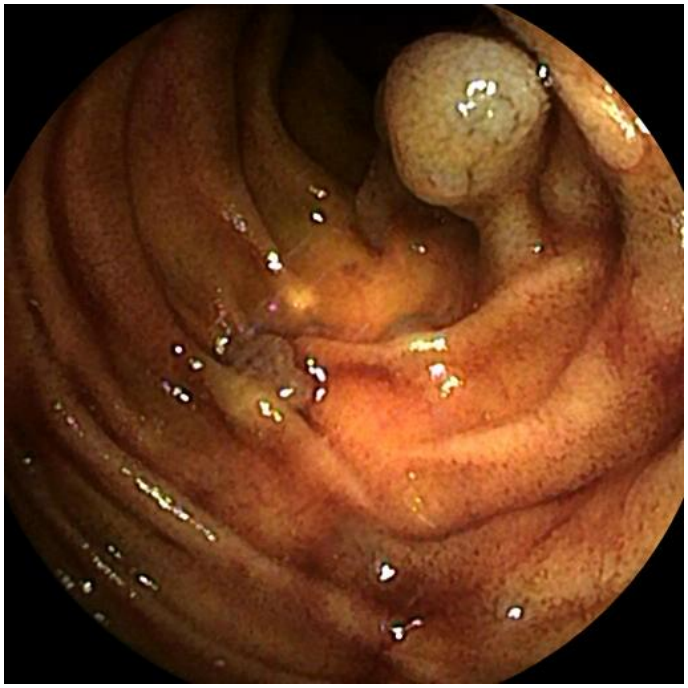

Fig. 1. Video capsule endoscopy showing protrude violaceus lesions of the proximal jejunum.

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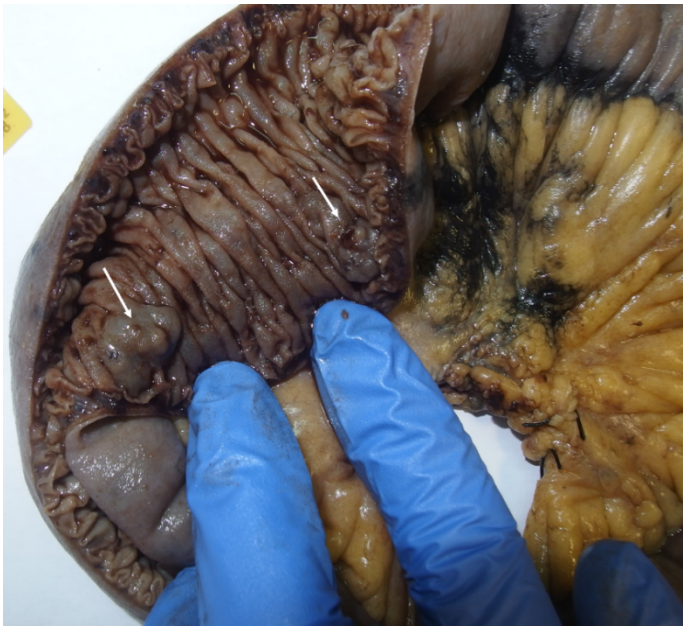

Fig. 2. Macroscopic examination showed a soft and compressible, bluish-colored lesion consisting of blood-filled spaces in the jejunum (arrows).

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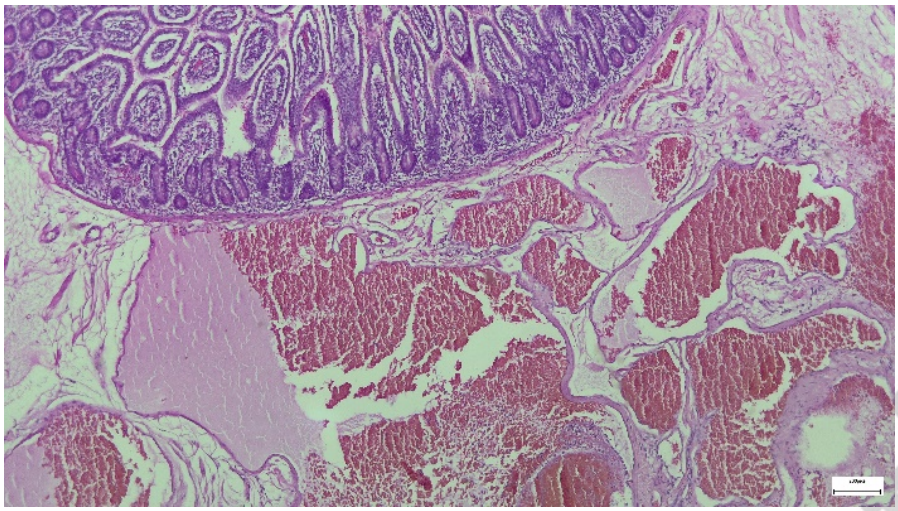

Fig. 3. Microscopic examination showed large dilated vascular channels with blood-filled spaces. The vessels are surrounded by thin fibrous septa. The lesion is in the submucosa and compresses the muscularis propria (hematoxylin and eosin staining, x5).