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Jejunal cavernous lymphangioma: successful endoscopic treatment of a rare cause of small bowel bleeding

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We report a symptomatic bowel lymphangioma, successfully treated by endoscopic resection during enteroscopy [1]. A 29-year-old woman, with no relevant medical history, presented with melena and severe microcytic anemia (hemoglobin 5.5 g/dL; mean corpuscular volume 68.4 fL). Esophagogastroduodenoscopy and colonoscopy were non-diagnostic. Small bowel capsule endoscopy revealed a lesion with whitish surface and "strawberry-like" mucosa, and fresh blood at the proximal jejunum (Fig. 1A). A push enteroscopy confirmed an actively oozing 12-mm soft sessile lesion at the proximal jejunum (Fig. 1B,C), excised by endoscopic mucosal resection (Fig. 2A-C). Histopathologic examination revealed large dilated lymphatic channels, often connected to normal-caliber adjacent lymphatic spaces consistent with a cavernous lymphangioma (Fig. 2D). At 2-month follow up, the patient remains asymptomatic with stable hemoglobin levels.

Small bowel lymphangiomas are exceedingly rare tumors. Although benign, they can become symptomatic, causing gastrointestinal bleeding, intussusception or protein-losing enteropathy. Endoscopically, they present as polypoid lesions with a white-yellow surface and "strawberry-like" mucosa, reflecting the edematous mucosa along with multiple hemorrhagic red spots. The optimal treatment is radical excision, mostly surgical, given the multiplicity and large size of these lesions and their potential for invasion of surrounding tissues. Endoscopic resection has rarely been reported and should be considered as a minimally invasive treatment option.

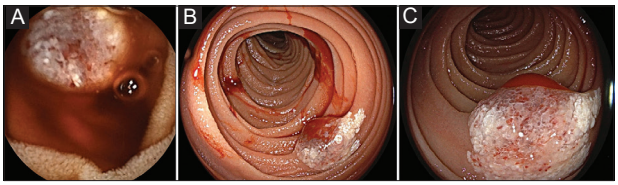

Figure 1 (A) Capsule endoscopy revealing a lesion with whitish surface and "strawberry-like" mucosa, and fresh blood at the proximal jejunum. (B and C) Push enteroscopy showing an actively oozing 12-mm soft sessile lesion

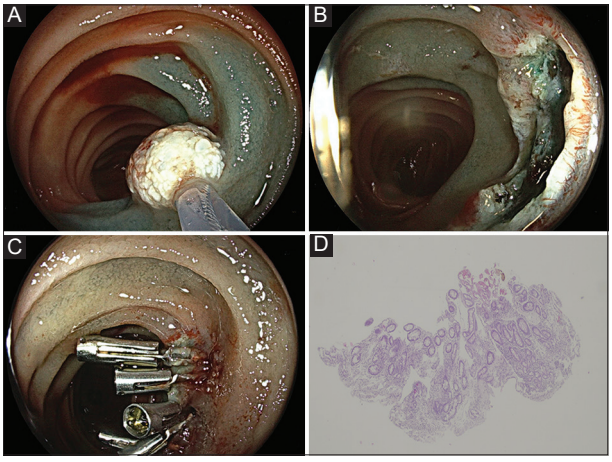

Figure 2 (A) Endoscopic mucosal resection after submucosal injection with diluted epinephrine 1:100 in normal saline stained with methylene blue. (B) Scar after lesion resection. (C) Scar prophylactically closed with through-the-scope clips. (D) Histopathologic examination revealing large dilated lymphatic channels, often connected to normal-caliber adjacent lymphatic spaces consistent with a cavernous lymphangioma

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Reference

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