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UPPER GASTROINTESTINAL BLEEDING SECONDARY TO ESOPHAGEAL HEMANGIOMA

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ABSTRACT

Hemangiomas are benign vascular tumors, rarely localized in the digestive tract. The positive diagnosis of these lesions is easily made by endoscopy and imaging. These tumors have hemorrhagic potential that may be life-threatening. The treatment is essentially surgical. We report a new case of an esophageal hemangioma revealed by Gastrointestinal hemorrhage.

KEYWORDS: Hemangiomas, Gastrointestinal hemorrhage.

CASE PRESENTATION

A 59-yo patient, with history of high blood pressure under treatment who has been admitted into our hospital for the management of melena evolving for 3 months intermittently. The physical assessment found a patient in good general condition with significant pallor of the skin and mucosa, a blood pressure of 12/6 Cm / hg. Non-significant on abdominal examination. Rectal examination found melena. The laboratory analysis carried out showed hypochromic microcytic anemia with a hemoglobin level of 5 g / dl which indicated the blood transfusion of 3 globular pellets.

The upper GI endoscopy performed after conditioning of the patient found a voluminous submucosal formation, bluish, vascular, without hemorrhagic signs on its surface, obstructing the lumen, located from 30 cm of the dental arches (Figure 1). The progression beyond not made given the risk of rupture.

The complement by a thoraco-abdominal CT scan found a lower mediastinal mass extended to the sub-diaphragmatic stage by the cardia, it is isodense seat of multiple calcifications sparse of rounded well limited form, enhanced discreetly after injection of the contrast product at portal time. CT appearance consistent with esophageal hemangioma (Figure 2).

Due to the extensive lesions, surgical treatment was indicated, but the patient refused surgery.

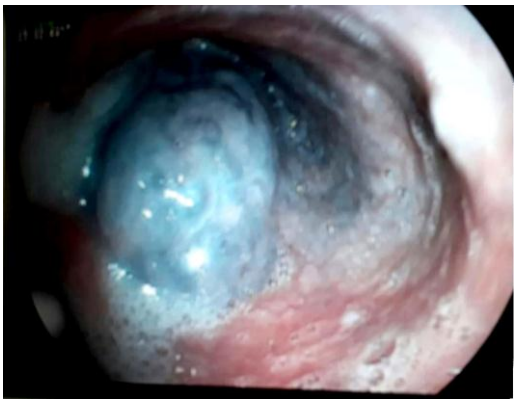

Figure 1: Esophageal hemangioma.

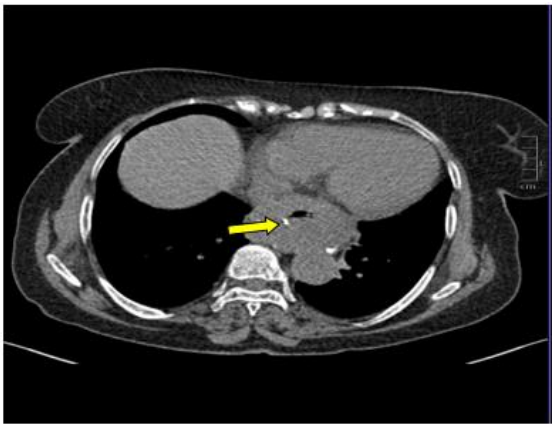

Figure 2: CT-scan image finding a mass of the lower third of the esophagus, isodense, seat of phlebolith (arrow).

DISCUSSION

Hemangiomas are vascular tumors frequently located in the skin. Digestive localizations are rare.[1] The overall incidence of digestive hemangiomas is estimated at 1/14000 patients, esophagus represents only 3.3% of benign esophageal tumors, and gastric tumors represent only 1.7% of benign gastric tumors.[1-3] Hemangiomas of the digestive tract can be classified as capillary, cavernous or mixed, with a preference for the cavernous type.[4] At the level of the esophagus, it sits essentially at the level of the lower third, the antrum represents the most frequent gastric localization.[3,7]

Clinically, esophageal hemangiomas may manifest as dysphagia (45.2%); hematemesis (25.8%), melaena (12.9%) or retro-sternal pain (12.9%).[5] The epigastric pain, dyspepsia or digestive haemorrhage are the main modes of revelation of gastric hemangiomas.[4]

The diagnosis is relatively simple and based on data from endoscopy and radiology. Typically, they present at the endoscopy in the form of bluish vascular lesion, of variable size, developing in the submucosa and covered by the digestive mucosa.

However, they may have atypical appearances, including a reddish discoloration, an ulcerated appearance or a mucosa of normal appearance.[6]

The US endoscopy is the most sensitive and specific method for assessing the location, depth and size of gastrointestinal hemangiomas.[7] The use of US-endoscopy with Doppler makes it possible to precisely visualize the vascular channels in the hemangioma, which is necessary to help surgeons decide whether laparoscopic surgery is feasible or not.

On CT-scan, the esophageal hemangioma is generally in the form of a well-defined soft mass which enhances itself intensely after injection of the contrast medium. The presence of calcifications or phleboliths is specific to this entity.[8] Additional imaging can be performed using magnetic resonance imaging (MRI) or fluorodeoxyglucose-positron emission tomography (FDG-PET).[9]

Histological diagnosis by biopsy is also useful, but not recommended given the risk of bleeding. Araki et al have shown that esophageal hemangiomas can be biopsied without serious complications.[10]

Several therapeutic options are available. They depend on the severity of the symptoms and their evolution. At the esophageal level, they include a broad spectrum of options ranging from systemic or intralesional steroid administration to an endoscopic approach with different modalities: sclerotherapy, laser fulguration (KTP / YAG) and mucosectomy.[11-12] Mucosectomy or polypectomy are particularly indicated when the tumor is pediculated and small (<25 mm). Large tumors can predict the need for surgical resection.[13] For gastric hemangiomas, surgery is the cure.[14] Endoscopic resection may be preferred for submucosal lesions less than 2 cm in diameter, which can easily be removed from the muscularis propria.[15]

CONCLUSION

Among the benign tumors of the digestive tract, hemangiomas are rare. They can usually be identified by their characteristic imaging appearance, correlated with clinical symptoms and endoscopic data. The role of endoscopic biopsy remains limited. Given their scarcity and the growing number of therapeutic options, a multidisciplinary discussion of their management seems appropriate.

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