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IMAGE OF THE MONTH

Cavernous haemangioma of the jejunum: An uncommon cause of iron deficiency anaemia☆

Hemangioma cavernoso yeyunal: una causa infrecuente de anemia ferropénica

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This was a 70-year-old male patient with diabetes and recent onset of iron deficiency anaemia with no apparent bleeding. Gastroscopy with biopsies, colonoscopy and computed tomography were all normal. Capsule endoscopy (CE) showed a large angioectasia with stigmata of bleeding in the proximal jejunum and circumferentially ulcerated stenosis in the mid jejunum of possible inflammatory or ischaemic origin (Fig. 1). Antegrade enteroscopy was performed to thermocoagulate the angioectasia with argon gas, but the stenosis could not be reached. After the initial correction of the anaemia, it recurred at six months. A repeat CE showed resolution of the angioectasia, but also a greater decrease in the lumen of the jejunum due to the previously described stenosis (Fig. 2). In view of the difficult access by enteroscopy, laparoscopic surgery was performed, with resection of a reddish tumour with a vascular appearance (Fig. 3). The histological diagnosis was ulcerated cavernous haemangioma (Fig. 4).

Small intestine haemangiomas are rare and are part of the differential diagnosis of microcytic anaemia.[1,2] CE has been shown to be particularly suitable for diagnosis and the treatment of choice is surgery.[1–4] We wish to highlight the

Figure 1 Capsule endoscopy image showing ulcerated stenosis (arrows).

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Figure 2 Capsule endoscopy image showing the same lesion six months later, with a significant increase in the degree of stenosis (arrows).

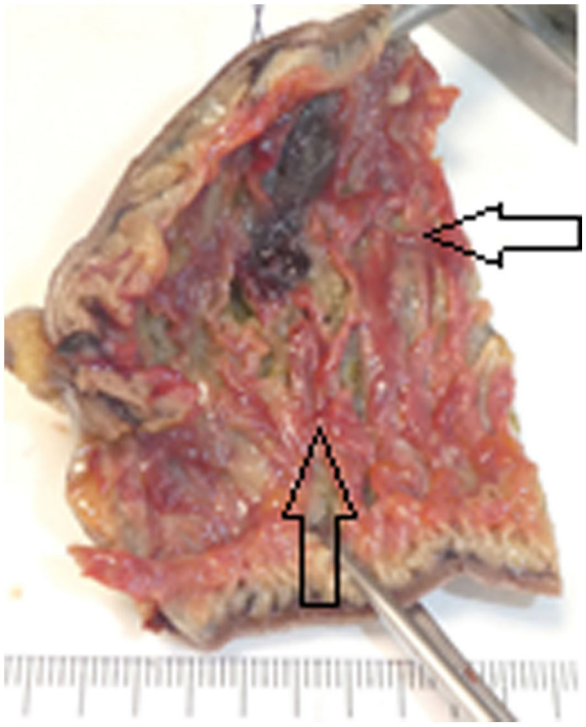

Figure 3 Macroscopic image of the surgical specimen showing congested folds with reddish areas and ulcerated area (arrow).

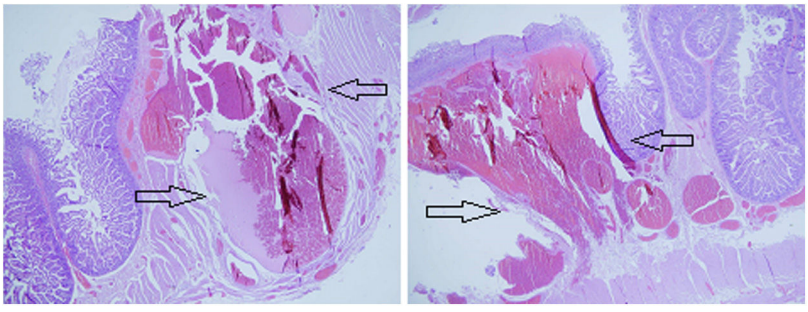

Figure 4 Microscopic image of the surgical specimen showing preserved intestinal architecture with the presence of an expanded submucosal area with a benign proliferation of vascular structures with dilated lumens, compatible with cavernous haemangioma (arrows).

difficulty of diagnosis and the need for histological study in our case, as it was impossible to access with enteroscopy.

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