CHRONIC DYSPHAGIA REVEALING AN ESOPHAGEAL HEMANGIOMA: A CASE REPORT

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ABSTRACT Esophageal cavernous hemangioma is a rare benign tumor. It is often discovered by chance, as it is usually asymptomatic. Its diagnosis is made by endoscopy, aided by imaging and requires histological confirmation. Its treatment of choice is surgical. We report the observation of an 80-year-old woman who consulted for dysphagia and hematemesis, in whom the thoraco-abdomino-pelvic scanner revealed a large mass in the lower third of the thoracic and abdominal esophagus. The interest of this case lies in the impressive character of the volume of the tumor and its telling scannographic semiology.

RÉSUMÉ L’hémangiome caverneux œsophagien est une tumeur bénigne rare. Il est souvent de découverte fortuite, car généralement asymptomatique. Son diagnostic est posé par l’endoscopie, aidé par l’imagerie et nécessite une confirmation histologique. Son traitement de choix est chirurgical. Nous rapportons l’observation d’une femme âgée de 80 ans qui consulte pour une dysphagie et hématémèse, chez qui le scanner thoraco-abdomino-pelvienne a mis en évidence une volumineuse masse du tiers inférieur de l’œsophage thoracique et abdominal. L’intérêt de ce cas réside dans le caractère impressionnant du volume de la tumeur et sa sémiologie scannographique parlante.

KEYWORDS Hemangioma, esophagus, benign tumor, CT

Case report

An 80-year-old woman without previous medical history complained of progressive dysphagia for solid foods. Symptoms were exacerbated at mealtimes. The patient reported a deterioration of her general condition. However, the physical examination was unremarkable. An upper gastrointestinal endoscopy was indicated for this dysphagia, which revealed a pale blue submucosal tumour 16 cm in extent and was biopsied. A thoracic-abdominal-pelvic CT scan for extension objectified in the posteroinferior mediastinum, a voluminous mass whose epicentre is the lower third of the thoracic and abdominal oesophagus, well limited, with irregular contours, hypodense, the seat of diffuse calcifications (figure a), enhanced after injection of iodinated contrast medium (figure b,c), measuring approximately 82x55mm extended on 162mm. Histopathology showed large cystic spaces lined with endothelium containing red blood cells and proteinaceous fluid. In addition, a fibrovascular connective tissue wall was noted. The diagnosis of giant cavernous hemangioma of the distal oesophagus was made. The patient
refused surgery.

Figure 1: Thoracoabdomino-pelvic CT scan without iodinated contrast injection in axial section, objectifying an isodense lower thoracic and abdominal oesophageal mass, seat of calcifications, arriving in contact with the posterior face of hepatic segments I and II.

Figure 2: Thoracic-abdominal-pelvic CT scan with iodinated contrast injection in axial section, showing a mass of the lower thoracic oesophagus enhanced after injection of PDCI, coming into contact with the heart chambers and the left lower pulmonary veins as well as the vertebral bodies from D6 to D10 without bone lysis.

Blood and lined by a layer of endothelial cells within the mucosa and submucosa, without signs of malignancy. There are several histological subtypes: cavernous, capillary, hamartomatous, and arteriovenous. The cavernous haemangioma is defined by the size of the larger venous channels than capillaries.[3]. Clinically, the patient usually presents with dysphagia and hematemesis. Dysphagia may involve both liquids and solids. In addition, other symptoms may be found, such as epigastric pain, retrosternal pain, weight loss, and melena [2]. The diagnosis of an oesophageal hemangioma is radiological and endoscopic [2]. Endoscopy objectifies a protruding submucosal lesion of blue color and may also appear as a reddish discoloration with normal or ulcerated mucosa [4]. In that case, the submucosa appears pale blue. Barium studies usually demonstrate polypoid intramural growth [2]. On computed tomography CT scan, cavernous hemangiomas of the esophagus appear as a homogenous and isodense mass enhanced after contrast injection, with small calcifications or phleboliths [4,6]. In our case, the CT scan showed a voluminous mass centered on the lower third of the thoracic and abdominal oesophagus, with scattered calcifications. On magnetic resonance imaging MRI, the mass appears isosignal on T1-weighted images and high signal on T2-weighted images. Other atypical features can be found, such as high signal intensity of the mass on T1 and T2 weighted images [5]. The main differential diagnoses are: malignant hemangioma, Kaposi’s sarcoma, angiosarcoma and benign metastatic hemangioma [4]. The treatment of choice is endoscopic surgery if the tumour is limited to the mucosa or submucosa. If endoscopic resection is not indicated, endoscopic injection sclerotherapy or surgical resection should be considered [1].

Discussion

Oesophageal hemangioma is a rare benign tumour of the oesophageal submucosa [1]. The lower third of the oesophagus is the most affected segment [2]. The oesophagus is the least affected site for hemangiomas in the gastrointestinal tract [2]. The range of patients’ ages usually ranges from newborn to 76 years; there is no predilection for sex [1]. Hemangioma is benign vascular proliferation; it is made of numerous cavities of variable size filled with
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Conflict of Interest
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References


