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Case Report

Haemangioma of the Small Intestine: A Rare Case Report

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ABSTRACT

Small bowel haemangiomas are rare benign vascular tumour that arises from fast-growing embryonic mesodermal tissue and are characterized by the proliferation of endothelial cells which manifests themselves in different forms, locations and dimensions. We report a case of a haemangioma located in the distal part of the ileum of an 18 years old female with a history of occasional abdominal pain and vomiting. An imaging study showed large segmental thickening of the wall and luminal narrowing at the distal ileum with proximal dilatation and a small haemangioma on the right lobe of the liver. Surgery was performed and histopathology confirmed the diagnosis.

Keywords: *Abdominal pain, Cavernous haemangioma, Diagnostic laparoscopy, Ileum.*

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INTRODUCTION

Haemangioma of the small bowel is an uncommon vascular tumour that can be classified into three types, i.e., cavernous, capillary, and mixed, representing 7-10% of all benign small intestinal tumours[1]. It can be solitary or multiple, most commonly occurring in the jejunum[2]. Gastrointestinal haemangioma may be asymptomatic. Among complications, gastrointestinal bleeding is the most common, which may be chronic, presenting as anaemia, or acute, requiring emergency surgery[3]. We present the case of ileal haemangioma which has presented as recurrent abdominal pain since childhood and was diagnosed after years of having symptoms.

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CASE REPORT

An 18-year-old female presented at our hospital with a history of occasional diffuse abdominal pain accompanied by vomiting, which did not contain any blood. She denied any weight loss, altered bowel habits, stool appearance, or fever. She reported that she had been experiencing similar attacks since childhood. Other past medical and family histories were unremarkable. On abdominal examination, her abdomen was soft and tender on deep palpation over the whole abdomen without guarding, rigidity, or rebound tenderness. Her vital signs were normal, and the findings of all other examinations were unremarkable. On haematological evaluations, haemoglobin (12.1 gm/dl) and all other parameters were within normal limits. Other laboratory investigations, upper gastrointestinal endoscopy, and colonoscopy revealed normal findings. A contrast-enhanced computed tomography scan showed large segmental thickening of the wall and luminal narrowing of the distal ileum with proximal dilatation. Based on

these investigations, we optimised the patient and went to diagnostic laparoscopy, which revealed an approximately 15 cm bluish vascular lesion in the distal ileum with proximal dilatation (Figure-1). In addition, there was a 2 cm bluish lesion in the liver (Figure-2). From the laparoscopic appearance, a diagnosis of haemangioma was considered. We performed laparoscopic segmental small bowel resection (Figure-3) with intracorporeal end-to-end anastomosis with excision of hepatic haemangioma. The resected specimen was sent for histopathology, which revealed a vascular lesion compatible with cavernous haemangioma (Figure-4). The postoperative period was uneventful, and the patient remained asymptomatic.

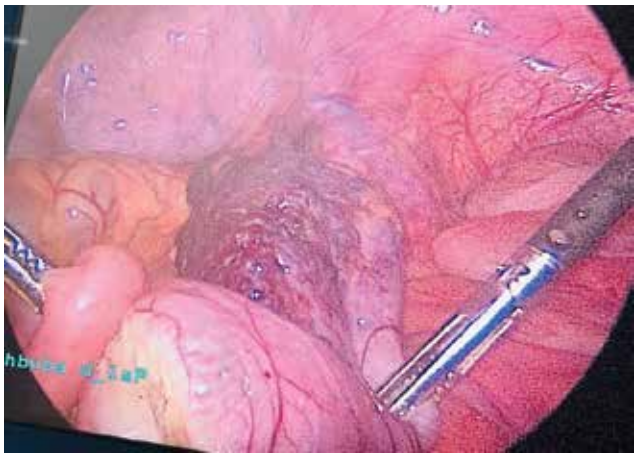

Figure-1: *Bluish vascular lesion in the distal ileum*

Figure-2: *Bluish vascular lesion in the liver*

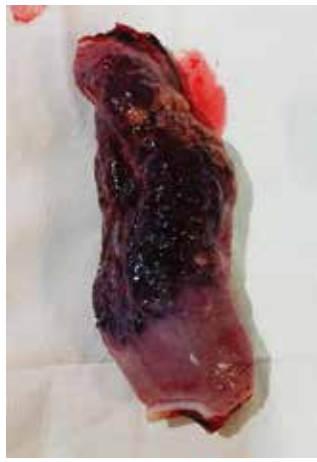

Figure-3: *Excised specimen of intestinal haemangioma segment*

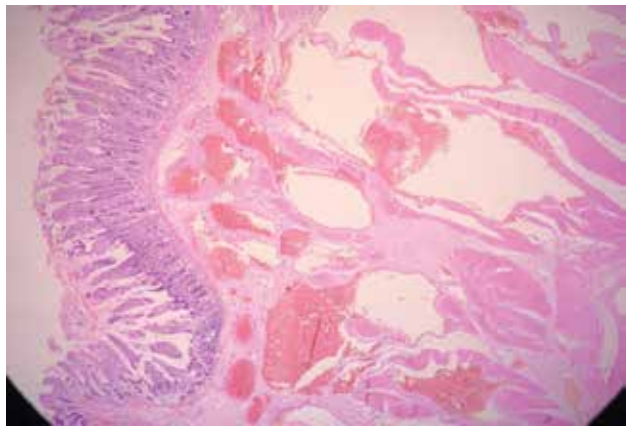

Figure-4: *Histopathological view of cavernous haemangioma*

DISCUSSION

Haemangiomas in the small intestine, specifically in the ileum, present a fascinating paradox due to their elusive nature and the complexity surrounding their diagnosis and treatment. It can be single, numerous, or connected to a number of disorders, including Klippel-Trenaunay-Weber syndrome, Maffucci syndrome, and Blue rubber bleb nevus syndrome[4,5]. Cavernous haemangioma of the small intestine is a diagnostic challenge due to its rarity and non-specific clinical features. The presentation can range from gastrointestinal bleeding, non-specific abdominal pain, chronic anaemia, and acute abdomen to appendicitis-like syndrome[6-9]. In this case, we reported distal ileal cavernous haemangioma in an 18-year-old female patient who presented with abdominal pain and vomiting, commonly associated with intestinal obstructions, yet lacking other symptoms such as changes in bowel habits or stool appearance. Small haemangiomas are exceedingly difficult to diagnose before surgery since they are rarely seen using conventional methods like upper and lower endoscopies. To evaluate small intestinal lesions, however, a number of imaging techniques are already accessible, such as wireless capsule endoscopy, double balloon enteroscopy, multiphase computed tomography enterography (CTE), and magnetic resonance enterography (MRE)[10]. However, most of

these tests are not widely available in developing countries like Bangladesh. In our case, initial investigations, including laboratory tests, upper gastrointestinal endoscopy, and colonoscopy, failed to reveal any abnormalities, underscoring the diagnostic difficulties in identifying small bowel lesions. However, contrast-enhanced CT scanning was crucial in identifying a thickened wall segment with luminal narrowing in the distal ileum, indicating the presence of a substantial obstructive lesion. Here, a triphasic CT scan might play an important role in diagnosing the pathology. The diagnosis was eventually established during laparoscopy, where an approximately 15 cm bluish lesion was found in the terminal ileum, causing significant proximal dilatation. The patient underwent a successful laparoscopic segmental small bowel resection and intracorporeal end-to-end anastomosis. This surgical intervention is the recommended treatment for symptomatic small bowel haemangiomas, given their potential to cause severe complications like bleeding, obstruction, and perforation[11]. In addition, a small hepatic haemangioma was identified and excised from the right lobe of the liver. Hepatic haemangiomas are the most common benign hepatic tumours, often asymptomatic and found incidentally during imaging studies for unrelated conditions[12]. The patient in this case had a good postoperative recovery, highlighting the effectiveness of surgical intervention in managing these rare tumours. This case underscores the importance of considering cavernous haemangioma in the differential diagnosis of unexplained abdominal pain and the value of CT imaging and laparoscopic exploration in diagnosing and managing this rare condition.

CONCLUSION

As small bowel haemangiomas are very difficult to diagnose initially due to a wide range of clinical features. Diagnostic studies like radiological and endoscopic studies are needed and performed according to the features of the patient. Nowadays, laparoscopic diagnosis and management play a major role in these types of cases.

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