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A CASE REPORT ON EPITHELIOID HEMANGIOMA OF MESENTERY

General Surgery

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ABSTRACT

We reported a 27 years old male who presented with recurrent episodes of abdominal pain associated with pain and intermittent fever for the last 2 years which aggravated for the last 5 days. Physical examination shows distended abdomen with tenderness on deep palpation. X-ray of the abdomen in erect view shows gas under the right diaphragm. Ultrasound of the whole abdomen shows heterogeneous collection with few air foci in the left lumbar region. The surrounding mesentery is thickened and echogenic. Few mesenteric vessels are seen in between the collections. Conservative management was attempted with nasogastric tube and IV antibiotics but he continued to develop increasing abdominal pain and vomiting. Exploratory laparotomy was done which revealed adhesion present between the gut loops, gut loops and mesentery. Necrotic mass is present at the root of mesentery near the proximal part of jejunum. Thick pus collection is present at the root of mesentery. One perforation was present proximal to the mass in the jejunum which was closed by primary repair.

KEYWORDS

Epithelioid Hemangioma, Mesentery

INTRODUCTION:

Epithelioid hemangioma is a rare benign tumor of small blood vessels surrounded by lymphocytes and eosinophil. Epithelioid hemangioma is most common in young and middle-aged adults. It is a type of vascular tumor. Also called angiolymphoid hyperplasia with eosinophilia and histiocytoid hemangioma.

Case: A 27 years old male presented with recurrent episodes of abdominal pain for the last 2 years which aggravated for the last 5 days. Pain is associated with vomiting, nausea, on and off episodes of fever. He was afebrile with stable vital signs and physical examination was noted for a distended abdomen with tenderness on deep palpation.

Investigations: X ray of the abdomen in erect view shows gas under the right diaphragm. Ultrasound of the whole abdomen shows heterogeneous collection with few air foci in the left lumbar region. The surrounding mesentery is thickened and echogenic. Few mesenteric vessels are seen in between the collections.

Conservative management was attempted with nasogastric tube and IV antibiotics but he continued to develop increasing abdominal pain and vomiting which prompted us to take him to the operating room.

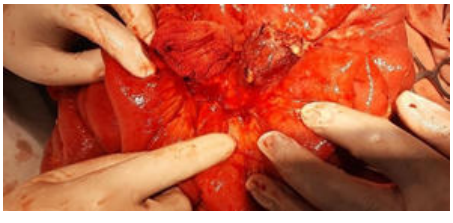

Figure 1

Procedure: Upon opening the abdomen adhesion present between the gut loops, gut loops and mesentery. Necrotic mass is present at the root of mesentery near the proximal part of jejunum. Thick pus collection is present at the root of mesentery. One perforation was present proximal to the mass in the jejunum. Primary repair was done at the perforation site. The entire gut was checked for any other pathology. Resection and anastomosis of the affected part of gut was done and entire specimen was sent for histopathological examination. The entire abdominal cavity was washed with normal saline and an abdominal drain was placed in the pelvis and the abdomen was closed in layers. The postoperative period was uneventful and the abdominal drain was removed on the 3rd postoperative day. The patient was discharged on 14th postoperative day and he had no complications during his follow up visits in the next 3 months.

Histopathological examination report of the excised mass shows epithelioid hemangioma.

CONCLUSION:

Epithelioid hemangioma is a rare benign tumor of small blood vessels. It may present with variety of symptoms including only abdominal pain. So it may often be misdiagnosed or may be missed. Epithelioid hemangioma of mesentry may cause compromised blood supply to part of gut loops involved which may cause severe abdominal pain and/or perforation of the gut and may eventually needs resection and anastomosis of the affected part of the gut.

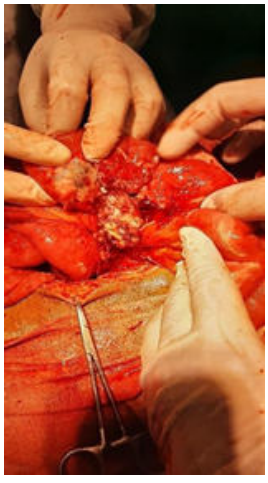

Figure 2

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