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BEHIND THE BOWEL: SURGICAL UNVEILING OF A RARE MESENTERIC TUMOR

General Surgery

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ABSTRACT

Background: Vascular tumors, while among the most common soft tissue neoplasms, are rare in the gastrointestinal system, and those involving the mesentery are exceedingly uncommon. We report a rare case of cavernous hemangioma in the mesentery of the small bowel. **Case Presentation:** A 73-year-old male presented with chronic abdominal discomfort, bilateral leg pain, and swelling. Imaging studies revealed a soft tissue lesion in the left iliac fossa. Surgical exploration revealed a mesenteric neoplasm associated with the jejunum, which was resected. Histopathological examination confirmed the diagnosis of mesenteric cavernous hemangioma. **Conclusion:** Mesenteric hemangiomas are extremely rare, with non-specific imaging findings. Diagnosis is typically confirmed postoperatively via histopathology. Surgical resection is curative and should be considered in the differential diagnosis of abdominal masses.

KEYWORDS

Cavernous hemangioma, jejunum, mesentery

INTRODUCTION

Vascular tumors represent approximately 7% of all benign tumors and are commonly found in the skin, mucosa, liver, spleen, and central nervous system. Gastrointestinal (GI) hemangiomas are rare, comprising only 0.05% of intestinal tumors. Hemangiomas involving the mesentery are particularly uncommon, with fewer than twenty reported cases.

Case Report

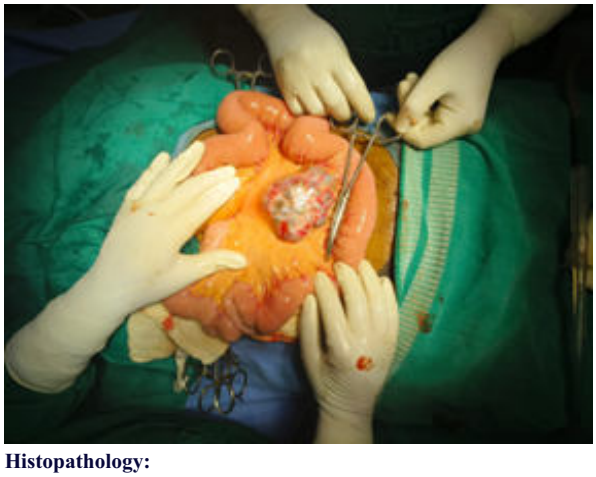
A 73-year-old male with a history of coronary artery disease, diabetes, and hypertension presented with abdominal pain and bilateral leg swelling. Examination revealed a mobile, firm-to-hard mass in the left paraumbilical region.

Investigations:

- Ultrasound: 8×5 cm hyperechoic lesion with vascularity
- CECT Abdomen: Heterogeneous soft tissue mass pushing the anterior abdominal wall

Surgical Findings:

- Laparotomy revealed a bluish-purple, multilobulated mass 25 cm from the duodenojejunal flexure in the mesentery of the jejunum
- Resection of 20 cm jejunal segment with tumor
- Jejuno-jejunal anastomosis performed



Histopathology:

- Capsulated mass with thin-walled vascular spaces lined by flattened endothelial cells filled with red blood cells
- Diagnosis: Cavernous hemangioma of the mesentery
- No malignancy or bowel pathology identified

DISCUSSION

Mesenteric hemangiomas may involve both bowel wall and mesentery. They are rarely isolated to the mesentery alone. Most present with nonspecific GI symptoms like pain or bleeding. The diagnosis is challenging preoperatively due to non-specific imaging findings. Biopsy is discouraged due to hemorrhagic risk.

CT and MRI are useful for evaluation, though definitive diagnosis relies on histopathology. Surgical excision is the treatment of choice and curative in most cases.

CONCLUSION

Mesenteric cavernous hemangioma is a rare but important differential in patients with unexplained abdominal masses. Preoperative diagnosis is difficult; thus, surgical intervention remains the mainstay of management. Early diagnosis and resection can be lifesaving.

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