Giant Mesenteric Hemangioma

SHALINI RATHNARAJ, SUNIL AGGARWAL, MOHAN VERGHESE

Department of Surgery, Christian Medical College, Ludhiana (Punjab) 141008.

Abstract
Hemangioma is a rare cause of mesenteric cysts. It usually occurs in infancy and childhood. We report an adult with a mesenteric hemangioma which presented as a mesenteric cyst.


Keywords: Mesentery; tumor, vascular

Lymphangiomas and enterogenous cysts are common causes of mesenteric cysts;1 hemangiomas are rare, with only isolated case reports in literature.2 We report a patient with giant mesenteric hemangioma.

A 30-year-old married lady presented with pain and swelling in the lower abdomen of 6 months' duration. The pain was dull and dragging. The swelling was gradually increasing in size. There were no bowel or bladder symptoms. Her menstrual history was normal.

Examination revealed an ovoid mass in the suprapubic and umbilical region. The mass was 16 cm x 12 cm in size, soft, cystic, smooth and not tender. It had restricted mobility. Vaginal examination revealed it to be free from the uterus and adnexa. Ultrasonography abdomen showed findings consistent with a mesenteric cyst.

Laparotomy revealed a large tumor arising from the iliac mesentery. 20 cm x 16 cm, with multiple cystic spaces filled with greyish brown hemorrhagic fluid. The rest of the bowel, bladder, uterus, fallopian tubes, ovaries, liver and spleen were normal. The mass was resected with the attached mesentery and 10 cm of adjoining ileum. An end-to-end ileal anastomosis was done. Bilateral tubal ligation was also done. Her post-operative recovery was uneventful.

Histopathological examination revealed an encapsulated mass comprising variable sized vascular spaces lined by flattened endothelial cells. These spaces contained RBCs in many areas. The stroma was infiltrated by chronic inflammatory cells. Biopsy was reported as infected mesenteric hemangioma.

The patient had an uneventful course during two years of follow-up.

Lymphangiomas are the usual hamartomas found in the mesentery, hemangiomas are very rare.3,4 The usual sites of hemangiomatous involvement in the abdomen are the liver and gastrointestinal tract.5 Rarely hemangiomas have been reported in lymph nodes, spleen, urinary bladder, gall bladder and adrenals.6

Hemangiomas usually present in infancy and childhood,3,7 though this patient was an adult. Her clinical presentation and diagnosis was of mesenteric cyst. Hemangioma of the mesentery may present with hemorrhage or heart failure.8 Angiography is usually diagnostic, but was not done in this case as hemangioma was not suspected.

Hemangiomas are generally treated by embolization rather than by surgery.9 However, hemangioma of the mesentery, like those of the gastrointestinal tract, should not be treated by embolization as this may lead to vascular compromise of the adjacent bowel. For the same reason, their excision should include the adjacent segment of the bowel.10

References