MRI appearance of giant gastric lymphangioma

A 17-year-old boy presented with history of vague epigastric discomfort and early satiety of 10 months’ duration. Physical examination did not reveal any abnormality except fullness of the epigastrium and left flank. Ultrasonography revealed a large multiseptate mass in the epigastric region. MRI (TRUFISP, Siemens) revealed a large exogastric soft-tissue mass encircling the lesser and greater curvature, antrum and body of the stomach. The mass was hypointense on T1W images and brightly hyperintense on T2W images (Fig). Similar fluid-filled tortuous tubular structures were also noted in the adjacent wall of the stomach (Fig). A possibility of gastric lymphangioma, gastrointestinal stromal tumor or gastric hemangioma was considered. Subtotal gastrectomy with gastrojejunostomy was done after total excision of the mass. Operative findings and histology confirmed the diagnosis of gastric lymphangioma. He is asymptomatic two years later.

Gastrointestinal (GI) lymphangiomas are extremely rare and still rarer are gastric lymphangiomas.\(^1\) The latter are typically located in the submucosal layer.

On endoscopic ultrasonography, gastric lymphangiomas appear anechoic with multiple septations in the submucosal layer. At CT, cystic lymphangioma appears as a nonenhancing extramucosal mass of homogeneous attenuation.\(^2\) MRI appearance of gastric lymphangioma has not been described previously in literature. Presence of a few dilated fluid-filled tortuous tubular structures within the stomach wall served as a clue to the probable gastric origin of the mass. Complete surgical enucleation/excision is the treatment of choice.

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