Gastric Cavernous Hemangioma Resected by Endoscopic Submucosal Dissection

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An 81-year-old man presented with anemia. Esophagastroduodenoscopy (EGD) showed the presence of a soft submucosal tumor with angioectasia on the surface, indicating a vascular lesion in the greater curvature of the lower stomach. It was spontaneously bleeding (Picture A) and thus was thought to be the cause of his anemia. An endoscopic ultrasoundography (EUS) examination demonstrated a hypo-echoic mass in the second layer of the stomach (Picture B). Endoscopic submucosal dissection (ESD) was performed to control the bleeding and anemia. The resected specimen revealed cavernous, malformed blood vessels with smooth muscle layers and endothelial cells (Picture C). The final diagnosis was cavernous hemangioma. Two months after discharge, the patient’s anemia had improved and EGD showed no evidence of recurrence (Picture D). Gastric cavernous hemangioma is extremely rare and can sometimes be a cause of anemia (1, 2). Although 2 cases of gastric cavernous hemangioma removed by endoscopic mucosal resection have previously been reported, this is the first report of gastric cavernous hemangioma resected by ESD. In this case, we made the correct diagnosis using both EGD and EUS and then successfully resected the lesion by ESD, resulting in an improvement in this patient’s anemia.

The authors state that they have no Conflict of Interest (COI).

References

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