

A pseudotumoral angiodysplasia



Fig. 1 A computed tomography of the abdomen showing a thickening of the cecal wall.

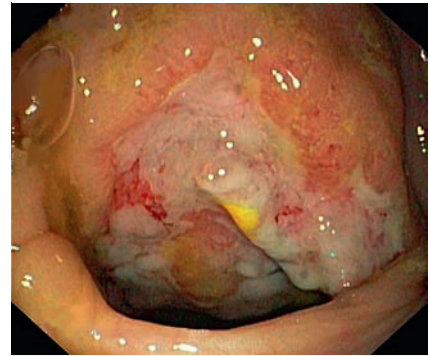


Fig. 2 Endoscopic view of the ulceronecrotic lesion facing the ileocecal valve.

A 76-year-old woman presented with recurrent right lower quadrant pain associated with decreased appetite and weight loss. An abdominal computed tomography (CT) scan without contrast injection (iodine allergy) showed a thickening of the cecal wall with infracentimetric regional lymph nodes (► **Fig. 1**).

Colonoscopy depicted a 4 × 2-cm indurated and ulcerated lesion with necrotic features facing the ileocecal valve (► **Fig. 2**). Laboratory tests were normal except for a slightly elevated carcinoembryonic antigen at 9.6 ng/mL (normal value: < 4.5 ng/mL). The pathologic analyses from the biopsies showed necrotic tissue without signs of malignancy. Despite negative histology, given the clinical presentation, and endoscopic and imaging

studies, the patient underwent a right hemicolectomy. Macroscopic study of the resected specimen found an ulcerative lesion of size 3.5 cm near the ileocecal valve. Microscopic examination revealed richly vascularized granulation tissue (► **Fig. 3**) containing arterialized veins (arrows).

The mucosa and the submucosa exhibited increased numbers of dilated and deformed vessels (► **Fig. 4**).

In the absence of nonsteroidal anti-inflammatory drug use and ischemic findings, all these pathologic features are consistent with the diagnosis of ulcerated angiodysplasia of the cecum.

Typical lesions of angiodysplasia are red and small (diameter 4–8 mm) [1]. Colonoscopy is the gold standard for detecting

symptomatic or asymptomatic lesions. It has a sensitivity of 68% with a predictive positive value of 90% [2]. Two cases of angiodysplasia have been described with a radiologic aspect typical of adenocarcinoma [3,4]. In both cases, it presented as a sessile mass, with adjacent ulceration in one case, and surgery was performed. The originality of this case comes first from the clinical presentation – a 76-year-old woman with no presenting blood loss but with abdominal pain, lack of appetite and weight loss – features that are very unusual in the setting of angiodysplasia, and second from its atypical endoscopic presentation mimicking adenocarcinoma.

Endoscopy_UCTN_Code_CCL_1AD_2AF

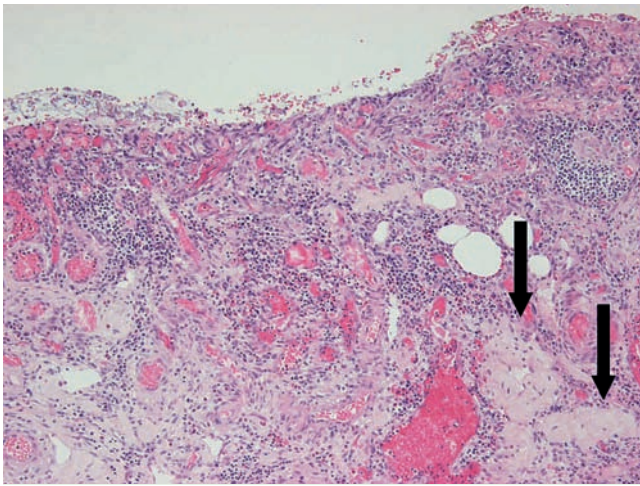


Fig. 3 Microscopic examination of the surgical specimen revealed richly vascularized tissue containing arterIALIZED veins (arrows).

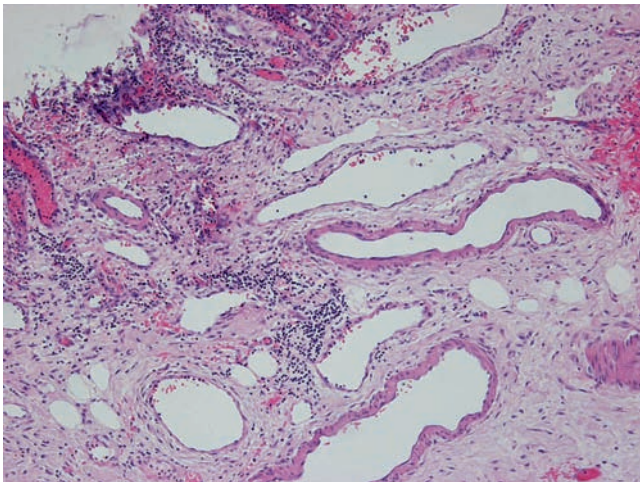


Fig. 4 Microscopic examination of the surgical specimen showing increased numbers of dilated and deformed vessels within the mucosa and the submucosa.

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