Laparoscopic resection of a gastric glomangioma

A 51-year-old woman underwent gastroscopy because of epigastric distension. The mucosa in the lesser curvature of the distal gastric body showed a hemispheric bulge, with a smooth surface and normal color (Fig. 1). An ultrasound scan showed the presence of a lesion located within the submucosa. It was olive shaped with a medium echo, and the boundary was distinct and smooth with uneven echoes. Multiple hypoechoic lumen-like structures, which typically measured approximately 2 mm, were observed inside the lesion. Color Doppler showed a rich blood flow inside these lumen-like structures (Fig. 2).

A preliminary diagnosis of gastric hemangioma was made and a laparoscopic wedge resection was performed (Fig. 3). Subsequent pathologic examination showed lesions in the submucosa and between the muscles that were consistent with glomangioma (Fig. 4). Immunohistochemical staining was negative with CD117, CD34, DOG.1, S-100, CgA, p53, and AE1/AE3; weakly positive with Vimentin (Fig. 5) and Syn; moderately positive with SMA; and Ki-67 revealed 5%–10% positivity.

Gastric glomangioma is a rare benign gastric tumor. Most patients show no symptoms, but some do have gastrointestinal bleeding. One of the 32 cases reported by Miettinen et al. showed invasive biologic behavior [1]. In our case, the capsule remained intact after resection and the cells showed no atypical morphology; no recurrence or metastases have occurred within a year of follow-up.

Competing interests: None

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Fig. 5 Immunochemical staining of the wedge resection specimen showing positivity for Vimentin.

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