Diffuse cavernous hemangioma of rectosigmoid colon treated with n-butyl-2-cyanoacrylate injections

Diffuse cavernous hemangioma is an uncommon disease defined as benign vascular malformations. About 200 cases of diffuse cavernous hemangioma of the rectum have been reported in the literature. The clinical presentation is repetitive painless rectal bleeding causing anemia [1–4].

Case 1. A 30-year-old man was admitted to the hospital because of recurrent gastrointestinal bleedings, treated for 9 years with blood transfusions. Nine years previously his right leg was amputated because of vascular malformations. Colonoscopy revealed vascular malformations around the whole circumference of the rectum (Fig. 1, 2). Low anterior resection with mucosectomy and coloanal sleeve anastomosis did not seem feasible [5]. Thirteen procedures of endoscopic obliteration with n-butyl-2-cyanoacrylate were performed over 3 years (Figs. 3 and 4). The angiographic appearance of the patient demonstrated huge vascular malformations of cavernous hemangioma. Image after obliteration with Histoacryl. Case 2.

Fig. 1 Endoscopic appearance of vascular anomalies corresponding to cavernous hemangioma. Case 1.

Fig. 2 Endoscopic view showing reduction of cavernous hemangioma after several treatment sessions with Histoacryl. Case 1.

Fig. 3 Abdominal computed tomography of the patient demonstrating huge vascular malformations of cavernous hemangioma. Image after obliteration with Histoacryl. Case 2.

Fig. 4 Histologic appearance of cavernous hemangioma of the rectum (hematoxylin and eosin, original magnification ×10). Case 2.

Fig. 5 Endoscopic view of the cavernous hemangioma of the rectum. Case 2.

Fig. 6 Endoscopic view showing reduction of cavernous hemangioma after several treatment sessions. Case 2.
late were undertaken. Histoacryl 0.5 ml
diluted with lipiodol 0.7 ml was injected
into vascular malformations at aliquots
of 1.0 ml per injection, and up to 12 ml at
each procedure. The mass of angiomatous
vessels and the frequency of bleedings
decreased and the patient left the hospi-
tal.

Case 2. A 26-year-old woman was admitt−
ed to our hospital because of recurrent
gastrointestinal bleedings. She had a his−
tory of numerous hospitalizations and
blood transfusions during the preceding
12 years. She had extensive vascular mal−
formations over the left buttock, knee,
vulva, and toes, and could not walk.
Computed tomography showed a huge
mass of pelvic vascular malformation
(Fig. 3). Laparotomy and histology
revealed cavernous hemangiom−
a (Fig. 4). Colonoscopy showed vascular
malformations extending from the anal
sphincter, around the whole circumfer−
ce of the rectum, and, less extensive, in
the sigmoid colon (Fig. 5, 6). Fifteen
procedures similar to those in case 1
were completed. The patient left the hos−
pital; unfortunately she died 4 months
later due to recurrent bleeding.

Endoscopic obliteration of cavernous
hemangiomas of the rectosigmoid with
n-butyl-2-cyanoacrylate is an effective
mode of treatment for this disease and is
useful in patients who are not eligible for
surgery.

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