A 60-year-old African-American woman presented with a history of several weeks of increasing shortness of breath and weakness. On examination, she was hemodynamically stable with hemepositive brown stool. Initial laboratory studies revealed a hemoglobin concentration of 4 g/dL. Upper endoscopy showed active oozing from a 2-cm ulcerated mass on the gastric incisura angularis (Fig. 1) and a 1-cm polypoid lesion in the second portion of the duodenum just proximal to the major papilla (Fig. 2). Biopsies demonstrated markedly atypical endothelial proliferation suggestive of a high-grade angiosarcoma versus exuberant granulation tissue adjacent to the ulcer (Fig. 3). Immunohistochemical stains were positive for CD31 (Fig. 4), vimentin, and pancytokeratin, consistent with epithelioid angiosarcoma (EAS). A positron emission tomography scan showed hypermetabolic foci in the stomach and in the region of the duodenum that were highly suggestive of malignancy; no other areas were identified. Due to continued gastrointestinal bleeding and the above findings, the patient underwent an exploratory laparotomy with distal gastrectomy, partial duodenectomy, and gastrojejunostomy. The final surgical pathological study confirmed the diagnosis of EAS.

Primary angiosarcoma of the gastrointestinal tract is extremely rare. These tumors demonstrate an extremely aggressive course, with a high tendency to recur and metastasize, leaving patients with a very poor prognosis [1–4]. Since treatment options for advanced disease are limited, complete surgical resection remains the most crucial factor to achieving a favorable outcome, and this underscores the importance of early and appropriate diagnosis. In patients who present with gastrointestinal bleeding and in whom biopsy reveals a poorly differentiated malignancy, the diagnosis of angiosarcoma should be considered. Immunohistochemical stains and pathological expertise with gastrointestinal malignancies are often necessary to differentiate angiosarcoma from other malignancies [2, 3]. For patients with advanced disease, chemotherapeutic and antiangiogenesis agents are being actively investigated and may have a palliative
role, particularly for patients who become transfusion-dependent [3, 4].

Endoscopy_UCTN_Code_CCL_1AB_2AD_3AB
Endoscopy_UCTN_Code_CCL_1AB_2AZ_3AB

J. Leong¹, M. A. Rascon², N. Kaushik¹
¹ North Shore University Hospital, Division of Gastroenterology, Hepatology and Nutrition, Manhasset, New York, USA
² North Shore University Hospital, Department of Pathology, Manhasset, New York, USA

References

Bibliography
DOI 10.1055/j-2008-1077645
Endoscopy 2008; 40: E252–E253
© Georg Thieme Verlag KG Stuttgart - New York · ISSN 0013-726X

Corresponding author
J. Leong, MD
North Shore University Hospital
Division of Gastroenterology, Hepatology and Nutrition
300 Community Drive
Manhasset
NY 11030
USA
Fax: (516) 562-2688
jleong@nshs.edu