



RADIOLOGIC PATHOLOGIC CORRELATION / *Gastrointestinal imaging*

## Mesenteric cavernous hemangioma: Imaging-pathologic correlation



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### KEYWORDS

Hemangioma;  
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imaging;  
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### Case study

A 50-year old female with no remarkable medical history consulted her doctor because of persistent epigastric pain. The clinical examination was unremarkable and laboratory tests were normal.

Ultrasonography revealed a subumbilical, homogeneous, echogenic mass with an axial diameter of 5 cm. The mass had regular margins, posterior acoustic enhancement, and no visible vascularisation on colour Doppler imaging.

Computed tomography (CT) of the abdomen and pelvis before and after administration of iodinated contrast material showed a tissue mass located in the mesentery with regular margins, no calcification, no communication with the bowel loops, and attenuation values of 70 HU before injection. After intravenous administration of iodinated contrast material, CT demonstrated discontinuous, peripheral nodes that enhanced centripetally, with a dynamic pattern of enhancement identical to that of the aorta and which persisted during the delayed phase. Multiple vessels were visible within the mass including a branch of the superior mesenteric artery, but there was no thrombosis or obstruction (Fig. 1). No enlarged lymph node was visible.

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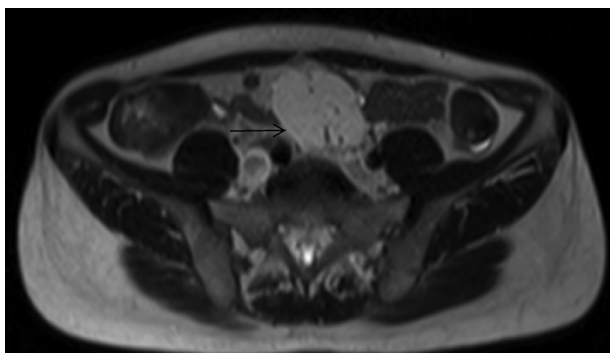
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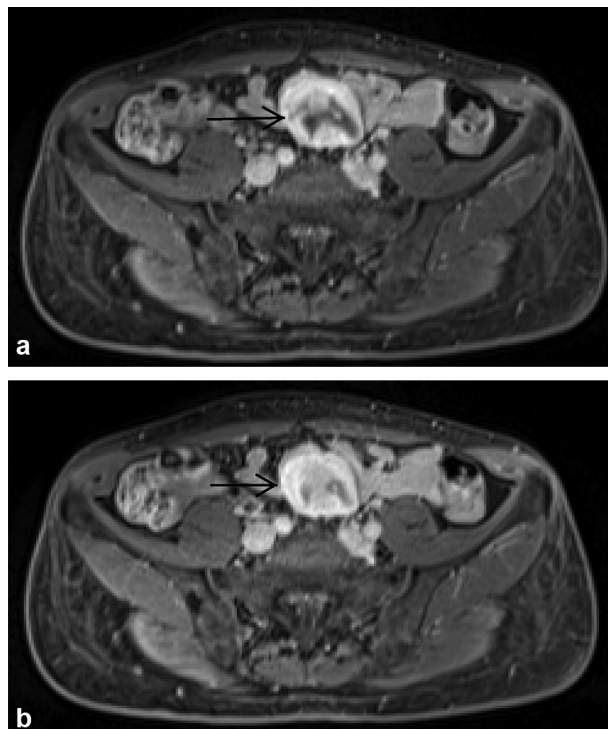
**Figure 1.** Asymptomatic mesenteric hemangioma in a 50-year-old woman. CT image of the mid abdomen in the sagittal plane during the enteric phase of enhancement shows a well-circumscribed mass of the mesentery (white arrow), with peripheral nodular enhancement that has narrow channels of communication with the superior mesenteric artery (black arrow) and vein (arrowhead).

MR imaging showed high signal intensity lesion on T2-weighted sequences (Fig. 2) and low signal intensity on diffusion-weighted MR images (B50 and B1000) with no drop in apparent diffusion coefficient value ( $ADC = 1.9 \times 10^{-3} \text{ mm}^2/\text{sec}$ ) on diffusion-weighted images. The oval mass also showed regular margins and contained threadlike formations, which were suggestive of vascular structures extending from the mesenteric vessels.

On unenhanced T1-weighted images, the lesion was homogenous with intermediate signal intensity. After intravenous administration of gadolinium-chelate, the enhancement pattern was similar to that seen on CT (Fig. 3).



**Figure 2.** T2-weighted (TR/TE = 850/102 ms, flip angle =  $180^\circ$ ) MR image in the axial plane demonstrates a lesion with a higher signal intensity than fat, similar to that of a hepatic hemangioma (arrow).



**Figure 3.** Mesenteric cavernous hemangioma. a: fat-suppressed T1-weighted gradient-echo (TR/TE = 3.67/1.85 ms, flip angle =  $10^\circ$ ) MR image in the axial plane during the enteric phase shows progressive enhancement with peripheral nodular enhancement (arrow); b: fat-suppressed T1-weighted gradient-echo (TR/TE = 3.67/1.85 ms, flip angle  $10^\circ$ ) MR image in the axial plane during the delayed phase shows persistent enhancement with centripetal fill-in, greater than during the enteric phase (arrow).

Percutaneous biopsy was not considered in view of the vascularisation of the lesion, difficulty of access, and its relationships to the large mesenteric vessels.

Surgical resection was thus decided. Intraoperatively, a mesenteric mass with no extension to the bowel loops was



**Figure 4.** Laparoscopic view. The lesion is located in the mesentery without extension to the gastrointestinal tract wall.

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