Ileum Cavernous Hemangioma , Diagnostic and Therapeutic constraint

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Introduction:

It is a vascular malformation of capillary, cavernous or mixed type, also called telangiectasia or angiodysplasia.

The intestinal localization is rare especially ileal which comes in 3rd position after the rectum and the colon. Digestive hemorrhage (rectorrhagia) is the main symptom.

Observation :

Child aged 06 years hospitalized for rectorragies of average abundance with several episodes going back to 03 months. Clinical anemia,

Surgical treatment: Median Laparotomy

Exploration ileum bluish mass of 08 cm long at 40 cm from the iléo caecal junction at the level of the anti mesenteric edge whose macroscopic appearance is that of an angiomatous tumor. Phlegmonous appearance appendage

An intestinal resection of 10 cm is carried out, carrying the angioma completed by an ileo-ileal termino-terminal anastomosis and appendectomy.

Operative part addressed to the histological study. The result was cavernous angioma of the muscularis.

Positive operative follow-up and evolution after a decline of 03 months: no rectorragia (Hg = 11 g / dl)

Discussion:

The intestinal hemangioma is rare, it is a vascular malformation reported in 1839, granting the embryonic origin. They are lesion of sequestration of mesoderm. The literature reports 200 cases, the incidence is estimated at 1/14000 patient. Tm benign Tm of the gastrointestinal tract from the ileum

Several classification described:

- Histological: Capillary, Cavernous, Mixed
- Moore's classification based on the seat and type of components (arterial, venous, lymphatic),
- Other: Infant hemangioma and Congenital may be part of genetic syndromes such as (Blue rubber bleb Naevius, Klippel-Trenaunay syndrome),

Histology: encompasses dilated vascular cavities lined by thick walled endothelial lining.

Manifested by bleeding 60 to 90% ,Asymptomatic 10%,

Currently the entero scopie pushed either the video-endoscopic capsule are of great interest (70 to 85%)

For most authors treatment is certainly surgical resection of Tm, but others propose embolization following selective angiography.

Conclusion

The ileal location of the hemangioma is very rare

Responsible for over 70% of life-threatening digestive hemorrhage.

Diagnosis still difficult despite advances in imaging

The therapeutic approach depends on the amount and repetition of bleeding episodes.

ASP: Frozen clarity at the level of the right iliac fossa

Abdominal and pelvic echography: vascular ectasia localized on a digestive loop

Fungal mass enhancing after injection + dolicho colon

Resection of Tumor with ileo ileal end to terminal anastomosis and appendectomy

Microscopic aspect (dilated vascular cavities + parietal thickening)

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