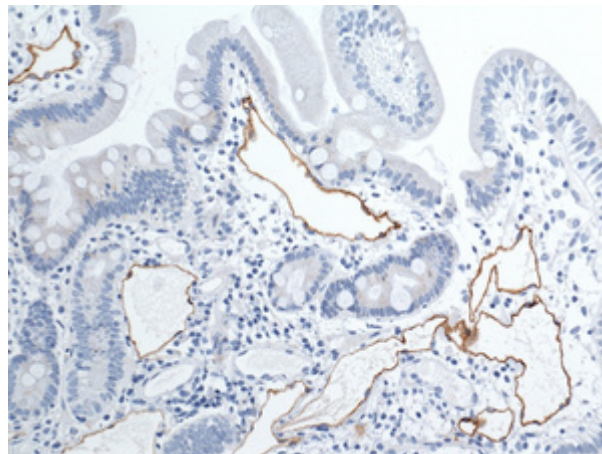
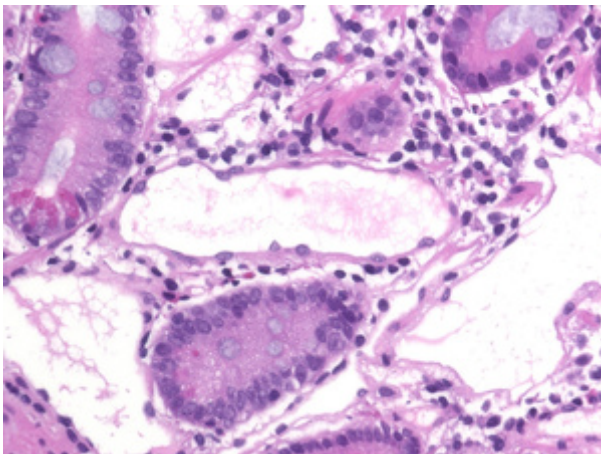
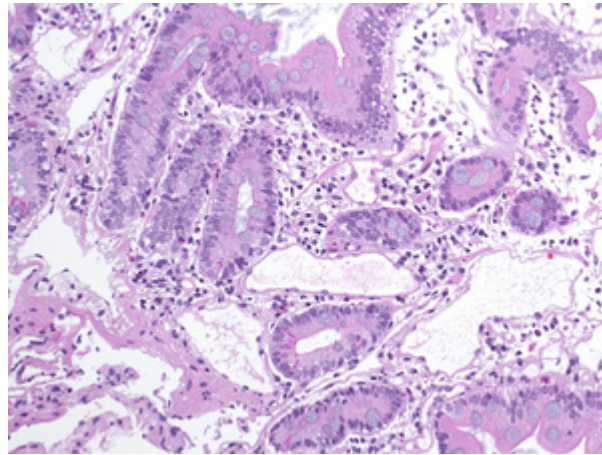
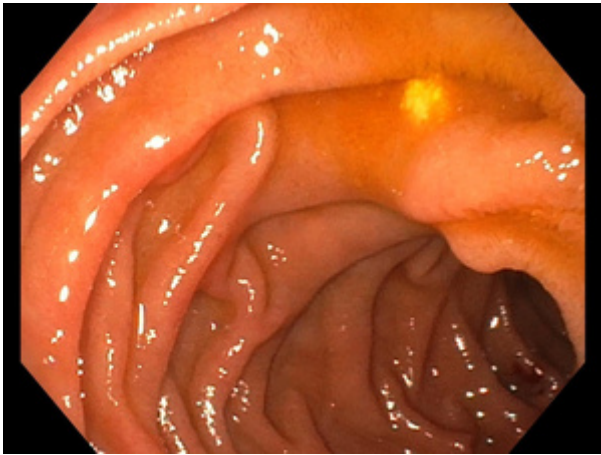


January 2016

“Yellow lesion” in the duodenal mucosa of a 53-year-old male.

What is your diagnosis?



Diagnosis:

Lymphangioma.

Comment:

A 53-year-old male with unspecific abdominal pain underwent endoscopic evaluation of his upper gastrointestinal tract. While oesophagus and stomach showed mild reflux-associated changes, a small well-circumscribed yellowish lesion was detected in the second part of the duodenum (Panel A). Biopsies were taken, which disclosed proliferation of irregular lymphatic vessels, extending from the submucosa into the mucosa (Panel B). They were lined by endothelial cells lacking nuclear atypia (Panel C). The cells were positive for D2-40 (Podoplanin, Panel D).

Lymphangiomas are uncommon benign vascular tumours that occur mainly in the head and neck region. They are believed to be congenital, resulting from developmental failure of the lymphatic system. Within the gastrointestinal tract, they are very rare, occurring most commonly in the small bowel, and here preferably in the second part of the duodenum. Of 567 benign lesions diagnosed in the duodenum only two (0.4%) were lymphangiomas (Terada et al. 2012).

The lesions are usually detected incidentally, upon endoscopy performed for other reasons. Their yellowish appearance raises clinical suspicion for a neuroendocrine tumour or xanthelasma. The latter is pretty common in the stomach, does however always never occur in the small bowel. Histological diagnosis of lymphangioma

is usually straightforward and does not need immunohistochemical confirmation. Progression to malignancy does not occur. In fact, the lesion has no apparent clinical relevance, and additional therapy is not necessary.

For further reading:

- › Terada T. Pathologic observations of the duodenum in 615 consecutive duodenal specimens: I. benign lesions. *Int J Clin Exp Pathol.* 2012; 5: 46-51.
- › Handra-Luca A, Montgomery E. Vascular malformations and hemangiolympangiomas of the gastrointestinal tract: morphological features and clinical impact. *Int J Clin Exp Pathol.* 2011; 4: 430-43.

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