



SIGMOID COLON HEMANGIOMA IN CHILDHOOD: A CASE REPORT

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ABSTRACT

Hemangioma of the gastrointestinal tract is an uncommon benign vascular tumor. The unspecific clinical sign makes it hard to recognize, thus the clinicians often misdiagnose the disease. This article describes a case of a 2-years-old girl who developed recurrent abdominal pain, chronic anemia, and mild abdominal distention that's tender with a hardness on palpation in the suprapubic region and the inability to urinate. Laboratory results shows low hemoglobin level. Abdominal ultrasound examination revealed a Douglas pouch abscess or ovarian cyst. The CT scan impression indicates a cystic mass in the Douglas pouch that is compressing the rectosigmoid, possibly indicating an ovarian cyst.

Although a diagnosis of sigmoid colon hemangioma is rare and presents itself with non-specific symptoms, this condition should be considered in the differential diagnosis of abdominal tumors in children.

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1. INTRODUCTION

Hemangiomas typically affect the skin of the head and neck (60%), limbs (25%), visceral organs such as the liver, heart, spleen, brain, and intestines. Internal and visceral lesions are uncommon.^{(1) (2)} The most common location for hemangiomas involving the gastrointestinal tract is the colon and rectum. Hemangiomas in visceral organs often go unnoticed until they present clear clinical symptoms.⁽³⁾ When hemangioma are located in gastrointestinal tract symptoms include melena, hematochezia, or cause chronic anemia and require blood transfusion.^{(4) (5)}

We describe the case of a visceral hemangioma that affected the gastrointestinal tract in a 2-years-old girl who developed recurrent abdominal pain and chronic anemia. mild abdominal distention and the inability to urinate.

2. CASE REPORT

A 2-year-old girl presented with a one-day history of failure to urinate and recurrent abdominal pain. According to her parents, the patient's abdomen appeared enlarged and different from other children. The parents were uncertain about when this had started.

On physical examination, the patient had a heart rate of 120 beats/min, respiratory rate of 24 breaths/min, and other vital signs, including blood pressure and body temperature, were stable. The conjunctiva appeared mildly anemic. The abdomen showed mild distension and was tender with hardness on palpation in the suprapubic region. Bowel sounds were audible.

Laboratory findings revealed the following initial results: hemoglobin of 10.1 g/L, hematocrit of 31%, leukocytes 15.08/mm³, and platelets 325,000/mm³.

An abdominal ultrasound was performed, which showed a well-defined anechoic lesion with a thin wall, septations, and debris inside in the Douglas pouch measuring 59x52x98 mm, with a provisional diagnosis of Douglas pouch abscess or ovarian cyst (Figure 1).

An abdominal CT scan was conducted with oral and intravenous contrast, revealing a well-defined, thick-walled cystic lesion with septations in the Douglas pouch, measuring 11x6.7x6.3 cm. The lesion appeared to compress the rectosigmoid, causing the narrowing of its lumen and dilation of the proximal colon with the presence of fecal masses and air-fluid levels inside. The lesion also seemed to infiltrate the inframesocolic compartment, leading to localized edema. The CT scan impression

suggested a cystic mass in the Douglas pouch compressing the rectosigmoid, possibly representing an ovarian cyst (Figure 2).



Figure 1. Abdominal Ultrasound

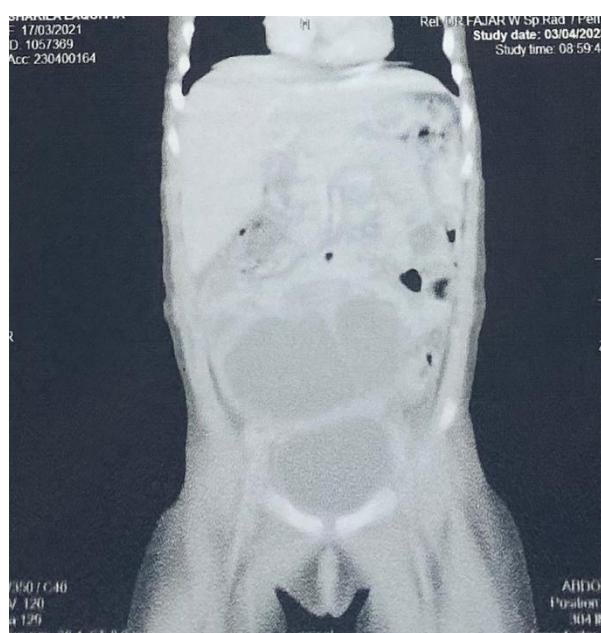


Figure 2. Abdominal Ct Scan : (a) coronal and (b) sagittal images showing a large abdominal tumor mass



Figure 2. Abdominal Ct Scan : (b) sagittal images showing a large abdominal tumor mass

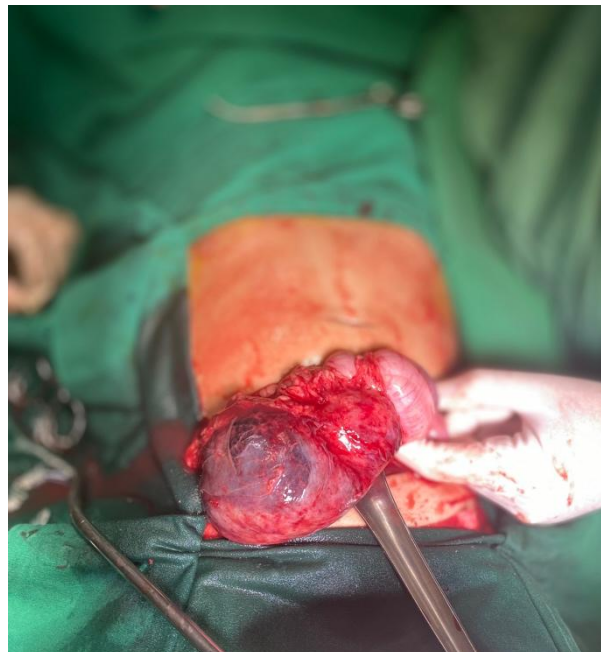


Figure 3. intraoperative images from the tumor mass

3. DISCUSSION

We present a unique case involving a young girl who was admitted to the hospital with the primary complaint of being unable to urinate (anuresis). The diagnosis was confirmed through histological examination of the resected specimen.

The symptoms in this case were observed in a 2-year-old girl who experienced recurrent abdominal pain, chronic anemia, mild abdominal distention, tenderness and hardness upon palpation in the suprapubic region, along with the inability to urinate (anuresis).

The occurrence of enuresis (involuntary urination) and complaints of tenderness, as well as the hardness detected during suprapubic palpation, were caused by the growth of the sigmoid colon hemangioma, which was compressing the urinary bladder (vesica urinaria). This compression also resulted in pain complaints from the patient.

Hemangioma is a benign vascular endothelial tumor commonly found in infants. This benign tumor typically progresses through two phases: a proliferative phase, characterized by rapid tumor growth over a period of 8-18 months, followed by a spontaneous involution phase lasting 5-8 years.⁽³⁾⁽⁶⁾⁽⁷⁾ Hemangiomas can occur in various locations throughout the body, with visceral hemangiomas most frequently found in the liver. Depending on the tumor's location, it can manifest with various symptoms and complications.⁽⁸⁾

In cases where hemangiomas occur in the gastrointestinal tract, approximately 80% of patients present with symptoms such as upper or lower gastrointestinal bleeding, bowel obstruction, intussusception (telescoping of one segment of the intestine into another), and intestinal perforation, often requiring surgical intervention.⁽⁶⁾⁽⁹⁾

Gastrointestinal hemangiomas are rare and can be challenging to diagnose due to the limited applicability of diagnostic approaches.⁽¹⁰⁾

4. CONCLUSION

In conclusion, hemangiomas in visceral organs often go unnoticed until they present clear clinical symptoms. This case highlights the importance of considering gastrointestinal hemangiomas in the differential diagnosis when presented with a pediatric patient exhibiting abdominal symptoms and unusual imaging findings.

5. DAFTAR PUSTAKA

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