

- 1
- 

가 . 53

CT

가 ,  
(Whipple 's operation)

(1). (AVM, arteriovenous malformations), (angiodyplasia) 10 × 4 cm 가 (telangiectasia), (Fig (phlebeetasia), 2A).

(diffuse hemangioma, angiomatosis) (Fig. 2B).

(Hct) 13.7%, (Hgb) 3.8g/dl, 3700/ $\mu$ l, (hypochromic microcytic anemia) 4

가  $(1, 2)$ .

(Fig. 1A).

(Fig 1B).

(ampulla of Vater) (true neoplasm)  
가

8 x 7 cm

(3rd portion)

CT  
(Fig. 1C, D).

(cavernous)                      (mixed)

(capillary),

(diffuse hemangioma,

angiomatosis) (3).

가 (2, 4). 가 hemangioma and lymphangioma) 1 CT  
(2, 5, (4). 가  
6). 가 2,4-8), 가 (2).  
(1). Hanatate F (2) 가  
62% (11/18) , , CT, .  
CT 가 , (6)가  
(1, 2) 가 T2 , , , , 가  
(7) 가 T1, T2 , (5) (4). 가  
가 가 (6). (mixed (9). 가



A



B

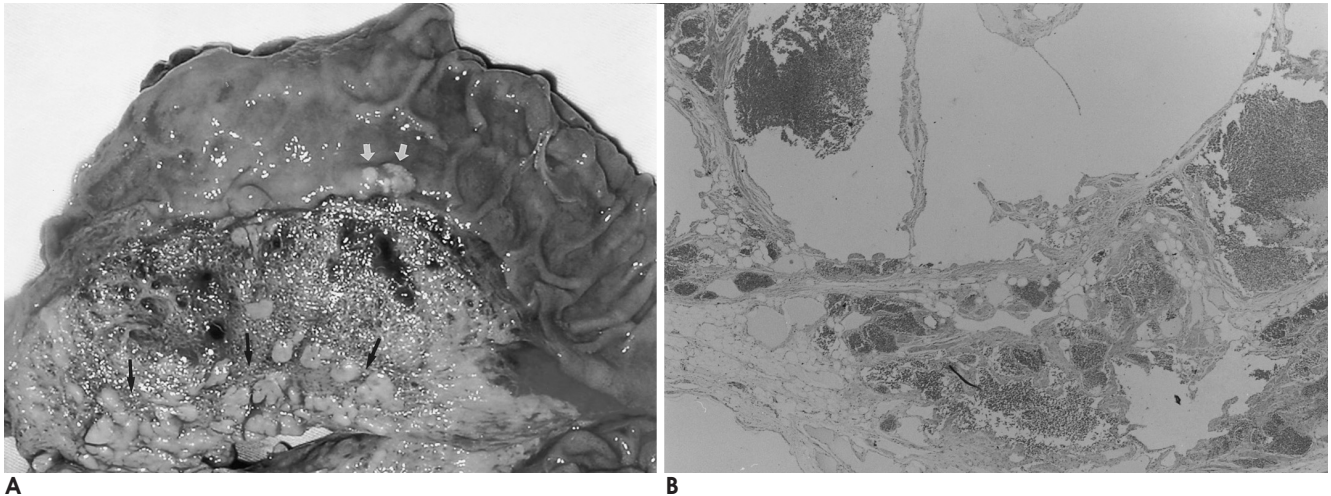


C



D

**Fig. 1. A.** Small bowel follow-through shows widening of the C-loop in 2nd portion of the duodenum (arrows). **B.** Celiac angiography shows no area of increased vascularity or site of active bleeding. selective gastroduodenal arteriogram was not obtained, because angiography was done before performing of CT scans or endoscopy. **C, D.** Unenhanced CT scan shows a large and heterogeneous mass with lobulated margin, extending from duodenal 2nd portion to the pancreatic head. On contrast-enhanced CT, the mass shows focal area of marked enhancement.



**Fig. 2. A.** Surgical specimen shows an ill-defined dark red brown colored and semisolid mass with spongy-like consistency in the mesentery and between the duodenum and the pancreas (black arrows), measuring 10 × 4 cm. Note focal ulceration of duodenal mucosa (white arrows).

**B.** Micrograph shows that the mesenteric mass is composed of dilated interconnecting, endothelial-line vascular spaces. In some areas, the vascular spaces are nearly coalescent to produce a pattern reminiscent of cavernous hemangioma (H & E, × 20).

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## Radiologic Findings of Mesenteric Hemangioma with Gastrointestinal Bleeding: Case Report<sup>1</sup>

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Mesenteric hemangioma is a rare disease entity. To our knowledge, only scattered reports about this condition have appeared in the literature. Herein, the author presents a rare case of mesenteric hemangioma with duodenal ulceration and invasion of the adjacent pancreatic head and transverse mesocolon. The tumor appeared in the form of a mild contrast enhancement of a low attenuation mass on contrast-enhanced CT.

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