

가 . 53

CT

가 (Whipple's operation)

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

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

53 가 4

(Hct) 13.7%, (Hgb) 3.8g/dl, 3700/ μ (hypochromic microcytic anemia) . 4

(Fig. 1A).

(Fig 1B).

(ampulla of Vater) (true neoplasm) 가

8 x 7 cm 가 CT 가 가

(3rd portion) 가 가 가

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)
62% (11/18)
가 가 . , , CT, .
CT 가 , (6)가 가
(1, 2) 가 T2 , , , , 가
(7) 가 , 가 (5) 가
가 T1, T2 , (4). 가
가 . 가 가
(6). (mixed (9).



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.

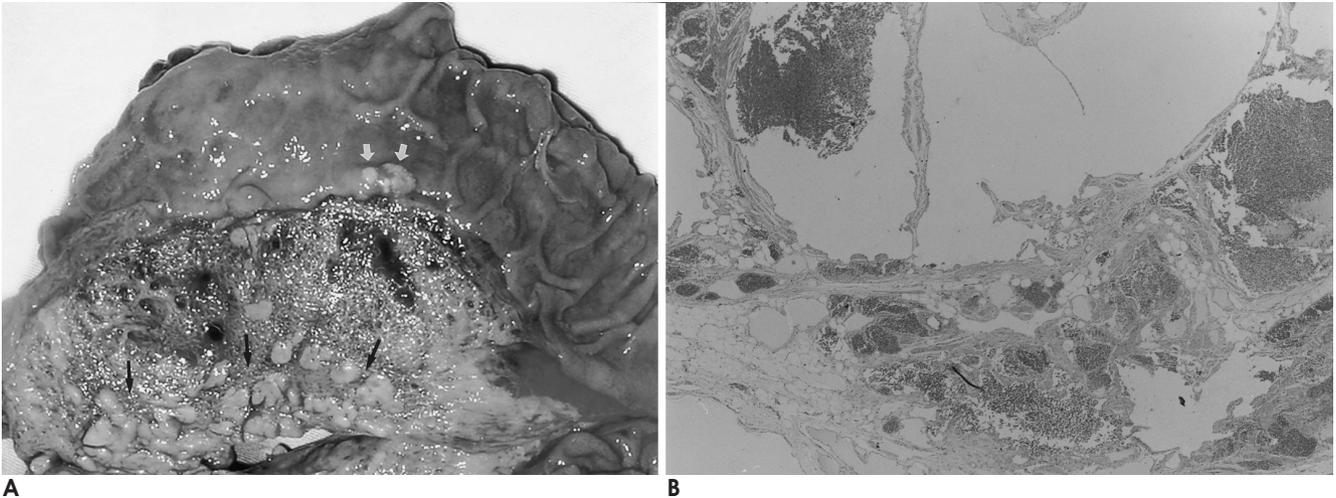


Fig. 2. A. Surgical specimen shows an ill-defined dark red brown colored and semisolid mass with spongy-like consistency in the mesentery and between the duodenum and the pancreas (black arrows), measuring 10 × 4 cm. Note focal ulceration of duodenal mucosa (white arrows).

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).

1. Ruiz AR Jr, Ginsberg AL. Giant mesenteric hemangioma with small intestinal involvement: an unusual cause of recurrent gastrointestinal bleed and review of gastrointestinal hemangiomas. *Dig Dis Sci* 1999;44:2545-2551
2. Hanatate F, Mizuno Y, Murakami T. Venous hemangioma of the mesoappendix: report of a case and a brief review of the Japanese literature. *Surg Today* 1995;25:962-964
3. Juan Rosai. *Ackerman's surgical pathology*. 8th Ed. Mosby, 1996: 2060-2064
4. Tai PT, Jewell LD. Case report: mesenteric mixed haemangioma

and lymphangioma; report of a case with 10 year follow-up after radiation treatment. *Br J Radiol* 1995;68:657-661

5. Chung J, Kim M, Lee JT, Yoo HS. Cavernous hemangioma arising from the lesser omentum: MR findings. *Abdom Imaging* 2000; 25:542-544
6. McHugh K, Spitz L. Capillary haemangioma of the greater omentum. *Pediatr Radiol* 2002;32:148-149
7. Takamura M, Murakami T, Kurachi H, Kim T, Enomoto T, Narumi Y, et al. MR imaging of mesenteric hemangioma: a case report. *Radiat Med* 2000;18:67-69
8. Rathnaraj S, Aggarwal S, Verghese M. Giant mesenteric hemangioma. *Indian J Gastroenterol* 1995;14:113
9. Cohen AJ, Sbaschnig RJ, Hochholzer L, Lough FC, Albus RA. Mediastinal hemangioma. *Ann Thorac Surg* 1997;43:656-659

J Korean Radiol Soc 2004;51:321 - 323

Radiologic Findings of Mesenteric Hemangioma with Gastrointestinal Bleeding: Case Report¹

Ki Nam Kim, M.D.

¹Department of Diagnostic Radiology, College of Medicine, Dong-A University

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.

Index words : Neoplasms
Gastrointestinal tract

Address reprint requests to : Ki Nam Kim, M.D., Department of Diagnostic Radiology, College of Medicine, Dong-A University

1. 3-ga, Dongdaesin-dong, Seo-gu, Pusan 602-103, Korea.

Tel. 82-51-240-5367 Fax. 82-51-253-4931 E-mail: knkim09@hanmail.net