



Epithelioid Hemangioendothelioma Involves Both the Stomach and the Small Intestine

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Clinical Image

A 60-year-old man presented with a 2-month history of intermittent melena and hematochezia. The Hb was 6.0 g/dL and repeatedly blood transfusion was needed. Abdominal CT scan and colonoscopy had no positive finding. Gastroscopy showed two red granular patchy lesions about 2 cm in diameter with clear demarcation line at the gastric body without active bleeding (Figure 1a). Balloon-assisted enteroscopy showed multiple elevated small Patchy Erythema 3 mm to 5 mm in diameter at proximal jejunum (Figure 1b). The patient was negative for HIV infection, and Kaposi's sarcoma was ruled out. Histological examination by endoscopic biopsies from both the stomach and the small bowel showed the epithelioid tumor cells invaded gastric and intestinal stroma, with partial vascular differentiation. These cells showed mild atypia and relatively low mitotic rate (Figure 2a). The CD31 (+), CD34 (+), ERG (+), Fli-1 (-) immunohistochemistry results revealed the vascular origin of this tumor (Figures 2b-2d). The pathological diagnosis was Epithelioid Hemangioendothelioma (EHE). EHE is a rare tumor of vascular origin involving soft tissue and visceral organs [1]. EHE involvement of the digestive track was rarely reported. To our best knowledge, only 4 cases of gastric EHEs was reported in English literature so far, and none of them showed the endoscopic characteristic of EHE or a small intestine involvement [2-5]. This case may provide more information of this rare disease. The treatment of choice for EHE is surgery; however, conservative approach is also preferred whenever possible. In this patient, a conservative therapy was chosen because of the large number of lesions with extensive involvement and the poor health condition of the patient. He was treated with blood transfusion and a lesion with active bleeding

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Received Date: 17 Dec 2020

Accepted Date: 20 Jan 2021

Published Date: 22 Jan 2021

Citation:

Sun T, Li T, Li B, Ning S. Epithelioid Hemangioendothelioma Involves Both the Stomach and the Small Intestine. *Clin Surg.* 2021; 6: 3033.

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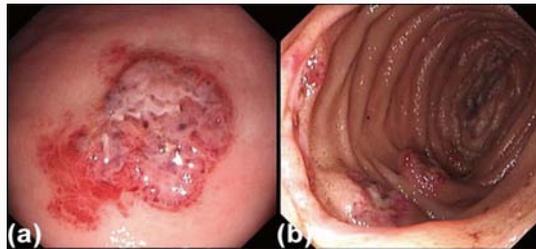


Figure 1: (a) Red granular patchy lesions with clear demarcation line at the gastric body. (b) Multiple elevated small patchy erythema at proximal jejunum.

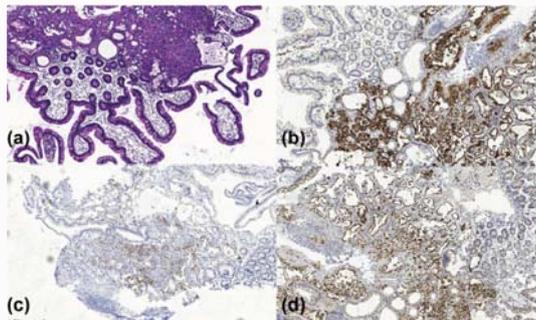


Figure 2: (a) HE staining showed epithelioid tumor cells invaded small intestinal stroma, with partial vascular differentiation. These cells show mild atypia and relatively low mitotic rate. Immunostaining showed CD31 (b), CD34 (c) and ERG (d) positive of many of the tumor cells, revealing the vascular origin of this tumor.

was treated with endoscopic Argon Plasma Coagulation (APC). After the treatment, the gastrointestinal bleeding was alleviated and the Hb level was raised. The patient was discharged after two weeks.

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