

Lymphangiomatosis of the Colon

Citation for published version (APA):

Mujagic, Z., Masclee, A. A. M., & Keszthelyi, D. (2022). Lymphangiomatosis of the Colon. *Clinical gastroenterology and hepatology*, 20(2), E14-E15. <https://doi.org/10.1016/j.cgh.2020.08.037>

Document status and date:

Published: 01/02/2022

DOI:

[10.1016/j.cgh.2020.08.037](https://doi.org/10.1016/j.cgh.2020.08.037)

Document Version:

Publisher's PDF, also known as Version of record

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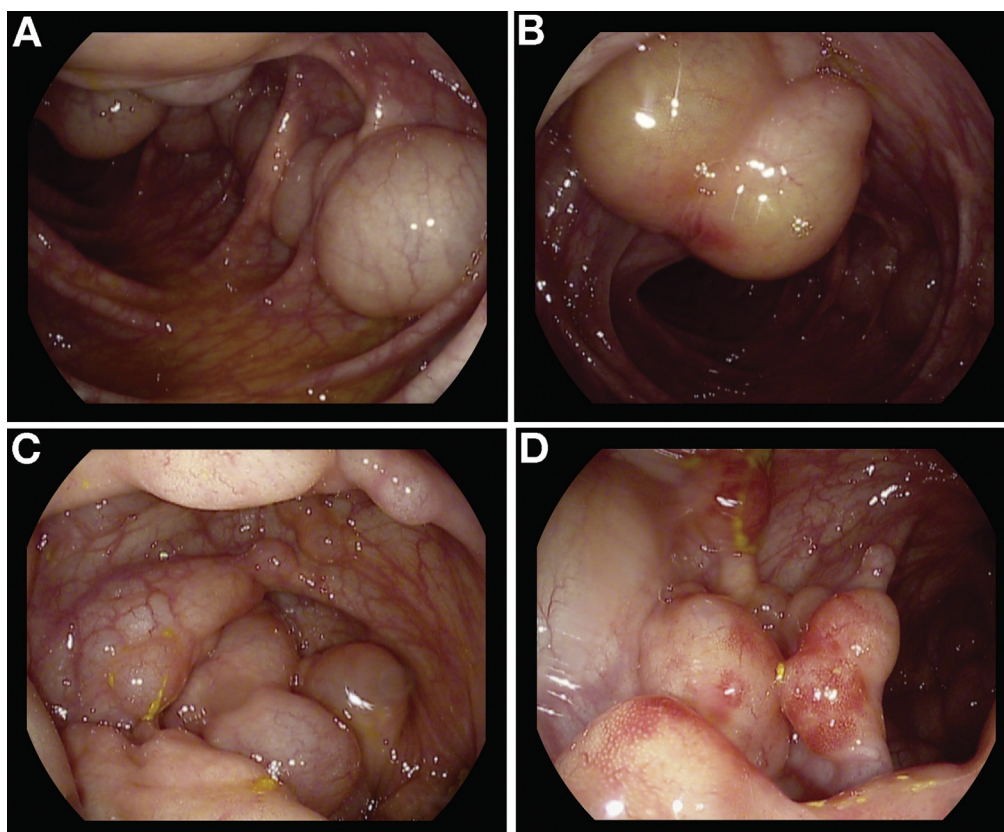
ELECTRONIC IMAGE OF THE MONTH

Lymphangiomatosis of the Colon

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A 52-year-old man underwent a colonoscopy because of abdominal discomfort and sporadic bloody stools, without relevant medical history. Endoscopy showed large, balloon-like submucosal structures in the ascending colon, with erythema (Figures A and B). Histology of mucosal biopsies showed nonspecific mild chronic inflammation. An abdominal computed tomography scan revealed no abnormalities, neither in the colonic wall. Based on the endoscopic image, the diagnosis of lymphangiomatosis of the colon was made. The patient was informed about the condition and reassured. Three years later the patient returned with similar symptoms. Colonoscopy was repeated. Findings were

comparable, but significantly more pronounced (Figures C and D).

Lymphangiomatosis is a rare condition with unknown prevalence and cause, characterized by the presence of large cysts forming out of thin walled lymphatic channels. It can manifest in the intestine with very characteristic appearance, but also in other organs. Lymphangiomatosis is a benign condition. Depending on location, it can lead to symptoms caused by mechanical pressure on other tissues. One case report of lymphangiomatosis of the colon described that puncturing the submucosal cysts by a dual knife during colonoscopy caused chyle outflow, with subsequent collapse. Colonoscopy 8 months later

ELECTRONIC IMAGE OF THE MONTH, *continued*

showed no abnormalities. Puncture may be considered a treatment option in case of mechanical obstruction.

Conflicts of interest

These authors disclose the following: Ad A.M. Masclee received an unrestricted grant from Grünenthal, ZonMw, and Will Pharma. Daniel Keszthelyi has received research funding from Will Pharma, Allergan, and Grünenthal; and

served as advisor for Will Pharma, Bayer, and Biocodex. The other author discloses no conflicts.



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1542-3565/\$36.00

<https://doi.org/10.1016/j.cgh.2020.08.037>