

Giant mesenteric haemangioma presenting with severe anaemia

CASE PRESENTATION

A 40-day-old infant presented with pallor and poor food intake, and was found to have normochromic normocytic anaemia and mild neutrophil leucocytosis. As late-onset sepsis was suspected, antibiotic therapy was started, with clinical improvement within 7 days, but haemoglobin levels remained below 8 g/dL. There was no evidence of bleeding or haemolysis, and no response to iron supplementation and a 4-week cow's milk protein elimination diet, and she was referred to our centre at 2.5 months of age.

Abdominal MRI showed a vast pseudonodular mass involving and displacing bowel loops, which inhomogeneously enhanced with contrast (figure 1A, B, D).

Laparoscopic exploration showed a huge haemangioma involving half of the mesentery and the descending and sigmoid mesocolon (figure 2). Given the risk of uncontrollable bleeding, no biopsies or resection were performed. At age 3.5 months, after better characterisation of the lesion, and given the persistence of anaemia, propranolol was started (2.5 mg/kg/day), leading to rapid resolution of anaemia without relapse, and MRI performed at age 11 months (figure 1C, E) showed shrinkage of the haemangioma.

Visceral haemangiomas are less common than cutaneous/subcutaneous lesions, and early-onset gastrointestinal bleeding, occasionally with anaemia, are common presenting symptoms.¹ This case shows an unusually large mesenteric haemangioma identified through an unusual presentation, namely anaemia without macroscopic blood losses.² The impressive response to propranolol, documented with MRIs, supports the efficacy of this drug in inducing shrinkage of childhood haemangiomas.³

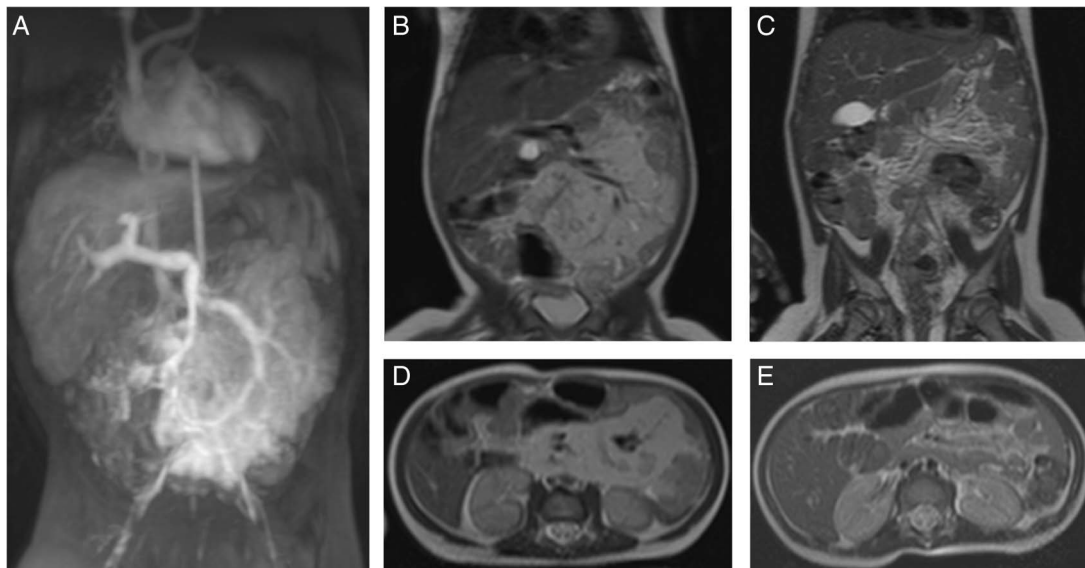
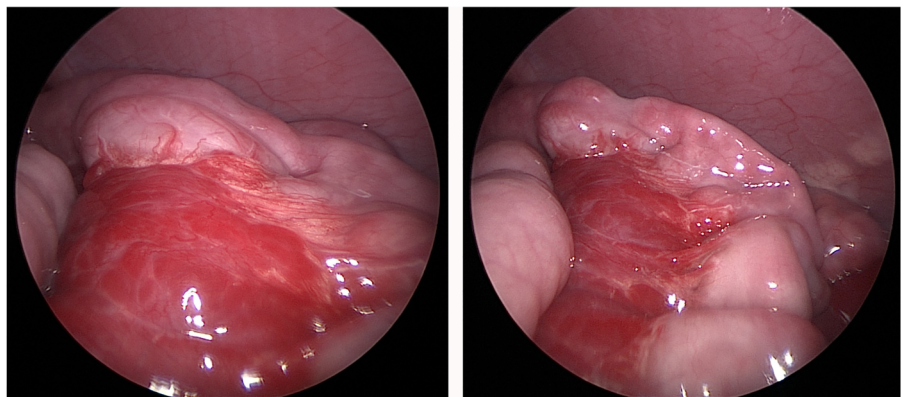


Figure 1 MRI of the mesenteric haemangioma before (A, B and D) and after (C and E) 7-month treatment with propranolol. The scans depict a maximum intensity projection coronal reconstruction of an angiographic sequence after paramagnetic contrast medium injection (A); two coronal (B and C) and axial (D and E) T2-weighted abdominal scans showing the mesenteric haemangioma before and after treatment.

Figure 2 Laparoscopic views of the mesenteric haemangioma.



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Contributors MM conceptualised and designed the study, and drafted the initial manuscript. CM carried out the MRI and CT studies, reviewed and revised the manuscript and contributed to the preparation of figures. GV performed the ultrasonography studies and contributed to the editing of the manuscript. SM carried out the MRI and CT studies, and took part in the preparation of the manuscript. DA performed the laparoscopic exploration and critically reviewed the manuscript. EM was responsible for the clinical management of the patient, reviewed and revised the manuscript. AS was responsible for the clinical management of the patient, conceptualised and designed the study, and critically reviewed the manuscript.

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