

[ PICTURES IN CLINICAL MEDICINE ]

## Unusual Intestinal Lesions of Generalized Lymphatic Anomaly

Taro Koba<sup>1</sup>, Haruhiko Hirata<sup>1</sup>, Yoshito Takeda<sup>1</sup> and Takashi Kijima<sup>1,2</sup>

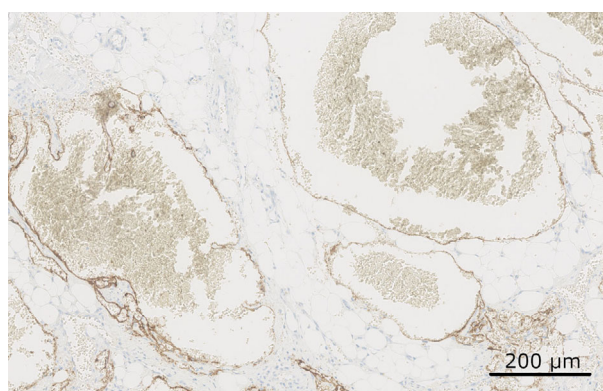
**Key words:** colonoscopy, esophagogastroduodenoscopy, fecal occult blood, generalized lymphatic anomaly, hemorrhagic pleural effusion

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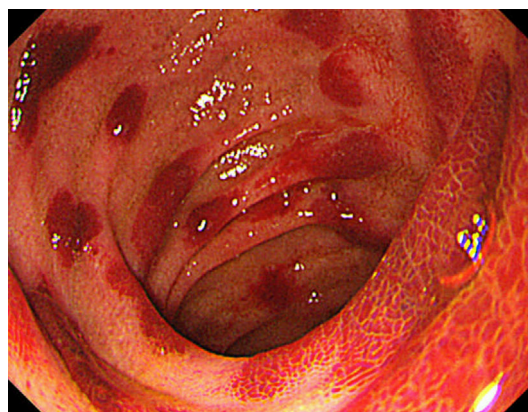
Picture 1.



Picture 2.



Picture 3.



Picture 4.

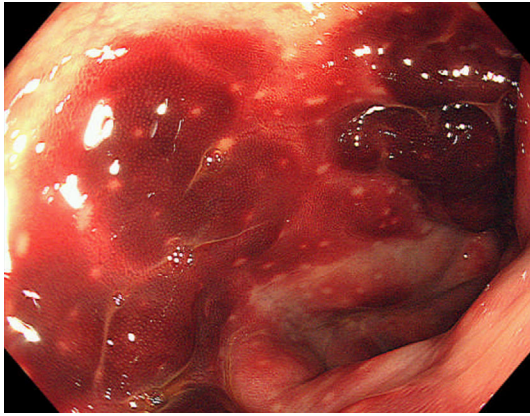
A 21-year-old man presented with left hemorrhagic pleural effusion accompanied by moderate anemia. Contrast-enhanced computed tomography showed outward-thickened

soft tissue of the left chest wall involving the osteolytic ribs along with a mediastinal mass (Picture 1). The histological examination of the thickened tissue revealed lymphatic endothelial marker (D2-40)-positive (Picture 2), non-malignant

<sup>1</sup>Department of Respiratory Medicine and Clinical Immunology, Osaka University Graduate School of Medicine, Japan and <sup>2</sup>Division of Respiratory Medicine, Department of Internal Medicine, Hyogo College of Medicine, Japan

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Correspondence to Dr. Takashi Kijima, tkijima@hyo-med.ac.jp



**Picture 5.**

multicentric proliferation of dilated lymphatic vessels, and a diagnosis of generalized lymphatic anomaly was made (1). Coronal T2-weighted magnetic resonance imaging demonstrated typical hyperintense foci at several points on the thoracic and lumbar spine (black arrow, Picture 3) in addition to a hyperintense left chest wall (white arrow, Picture 3). Asymptomatic fecal occult blood was detected, and an esophagogastroduodenoscopic examination found scattered red spots on the duodenal mucosa (Picture 4). A colono-

scopic examination revealed stenosis of the sigmoid colon with edematous and hemorrhagic mucosa and overswelling of mucosal abnormal vessels (Picture 5). Propranolol treatment was not effective (2), and he was referred to a hospital where a clinical trial of mammalian target of rapamycin inhibitor treatment for this disease was ongoing (UMIN 000016580).

**The authors state that they have no Conflict of Interest (COI).**

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#### **References**

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