DOI: 10.1002/ccr3.3619

CLINICAL IMAGE

Long-term endoscopic findings in pediatric primary intestinal lymphangiectasia

Toshihiko Kakiuchi¹ | Tatsuki Mizuochi² | Azusa Koji¹ | Yumeng Zhang¹ | Yasuhisa Sakata³

¹Department of Pediatrics, Faculty of Medicine, Saga University, Saga, Japan

²Department of Pediatrics and Child Health, Kurume University School of Medicine, Kurume, Fukuoka, Japan

³Division of Gastroenterology, Department of Internal Medicine, Faculty of Medicine, Saga University, Saga, Japan

Correspondence

Toshihiko Kakiuchi, Department of Pediatrics, Faculty of Medicine, Saga University, 5-1-1, Nabeshima, Saga, 849-8501 Japan. Email: kakiucht@cc.saga-u.ac.jp

Abstract

This is the first case report comparing endoscopic images of primary intestinal lymphangiectasia (PIL) over 10 years. Regular endoscopic examination is essential in PIL because endoscopic findings do not correlate well with clinical manifestations.

KEYWORDS

long term, primary intestinal lymphangiectasia, total colonoscopy

INTRODUCTION 1

A 14-year-old girl was diagnosed with primary intestinal lymphangiectasia (PIL) at the age of 4 years. Diarrhea and hypoalbuminemia were prolonged from birth, so an esophagogastroduodenoscopy and total colonoscopy were performed at age 4. These examinations revealed scattered white spots, white nodules, and white villi in the duodenum and ileum (Figure 1). During early childhood, hospital albumin infusions were required; however, she has since been managed by limiting dietary fat intake. She has remained in good condition. Abnormal blood tests continued, and total colonoscopy was repeated at age 14. White villi and white nodules were observed in the ileum, but the endoscopic severity of lesions was unchanged relative to the initial colonoscopy (Figure 2).

To our knowledge, this is the first case report comparing endoscopic images of PIL over 10 years. In PIL, endoscopic findings reflect lymphatic stagnation but do not match clinical manifestations.¹ In fact, she does not currently need aggressive treatments such as albumin infusion after childhood, but her endoscopic findings did not improve. PIL cases of malignant lymphoma occurring 3-25 years after the initial diagnosis have been reported, and regular endoscopic examination is essential.²

ACKNOWLEDGMENTS

This study was published with the written consent of the patient.

CONFLICT OF INTEREST

The authors declare no conflicts of interest.

AUTHOR CONTRIBUTIONS

TK: served as lead author and involved in all stages of patient management and wrote the manuscript. TM, AK, YZ, and YS: performed the treatment. All authors: read and approved the final manuscript.

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made. © 2020 The Authors. Clinical Case Reports published by John Wiley & Sons Ltd.



FIGURE 1 Endoscopic findings at the time of diagnosis (age 4). A, No abnormal endoscopic findings in the stomach. B, Scattered white spots in the duodenum. C, D, White nodules and white villi in the terminal ileum, but not in the colon

FIGURE 2 Endoscopic findings at the age of 14. White nodules and white villi were in the terminal ileum, but not in the colon. The severity of lesions was unchanged compared with the initial results

CONSENT

Informed consent was obtained from the patient and parents for the publication of this clinical image.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

The patient has given his informed consent for this publication. It is an exemption from ethical approval because it is an observation report after the current care.

DATA AVAILABILITY STATEMENT

All data generated or analyzed during this study are included in this published article.

ORCID

Toshihiko Kakiuchi https://orcid. org/0000-0002-9995-5522 Tatsuki Mizuochi https://orcid.org/0000-0002-2943-7068

REFERENCES

- Aoyagi K, Iida M, Yao T, et al. Characteristic endoscopic features of intestinal lymphangiectasia: correlation with histological findings. *Hepatogastroenterology*. 1997;44(13):133-138.
- Vignes S, Bellanger J. Primary intestinal lymphangiectasia (Waldmann's disease). Orphanet J Rare Dis. 2008;3(1):5.

How to cite this article: Kakiuchi T, Mizuochi T, Koji A, Zhang Y, Sakata Y. Long-term endoscopic findings in pediatric primary intestinal lymphangiectasia. *Clin Case Rep.* 2021;9:1029–1030. <u>https://doi.org/10.1002/</u>ccr3.3619