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IMAGE | COLON

Isolated Colonic Lymphangiectasia Secondary to Submucosal Injection

Sanjeevani Tomar, MD[1], Emad Alqassim, MD, PhD[2], and Sultan Mahmood, MD[3]

[1]*Department of Internal Medicine, University at Buffalo, Buffalo, NY*
[2]*Department of Pathology and Anatomical Sciences, University at Buffalo, Buffalo, NY*
[3]*Division of Gastroenterology, Hepatology, and Nutrition, University at Buffalo, Buffalo, NY*

CASE REPORT

An 81-year-old woman with a medical history of tobacco use and family history of colon cancer was referred for colonoscopy because of a reported weight loss of 25 pounds over 10 months. Colonoscopy revealed a 15 mm flat polyp in the ascending colon with a mucus cap (Figure 1). A submucosal injection of ORISE gel revealed a large whitish discoloration of the mucosa encompassing the polyp and surrounding mucosa (Figure 2). The polyp was removed with a cold snare in a piecemeal manner. Biopsy specimens of the surrounding mucosa revealed dilated lymphatics (4× magnification, hematoxylin and eosin stain) (Figure 3), which were interpreted as isolated colonic lymphangiectasia secondary to submucosal injection.

Primary intestinal lymphangiectasia is a rare disease of an unknown worldwide incidence that primarily affects the small intestine in children younger than 3 years, usually with other congenital abnormalities.[1] However, it is increasingly being recognized in adults because of direct visualization of the small bowel with imaging modalities, such as capsule endoscopy and double-balloon enteroscopy.[2,3] Isolated colonic lymphangiectasias are even more rare, and their clinical significance in an asymptomatic patient is unclear.

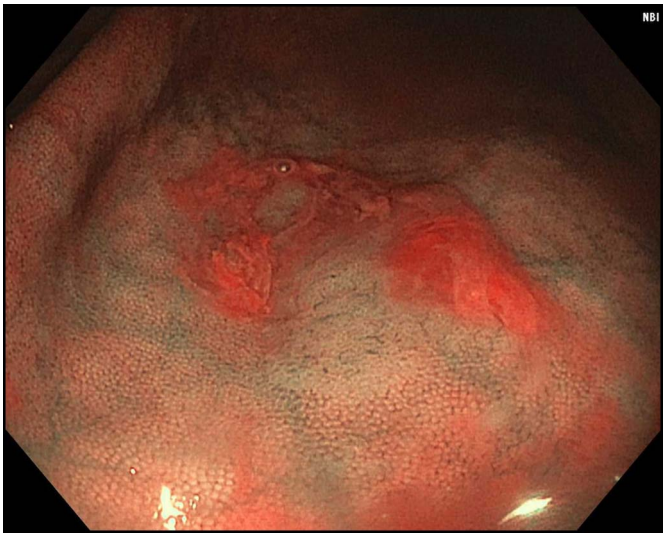

Figure 1. Flat polyp in the ascending colon with a mucus cap.

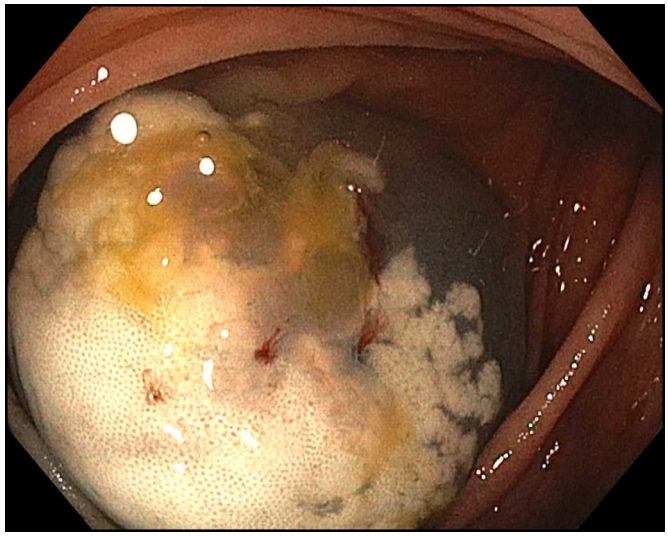

Figure 2. Large whitish discoloration of the mucosa encompassing the polyp and surrounding mucosa after submucosal injection with ORISE gel.

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Correspondence: Sanjeevani Tomar, MD (sktomar@buffalo.edu).

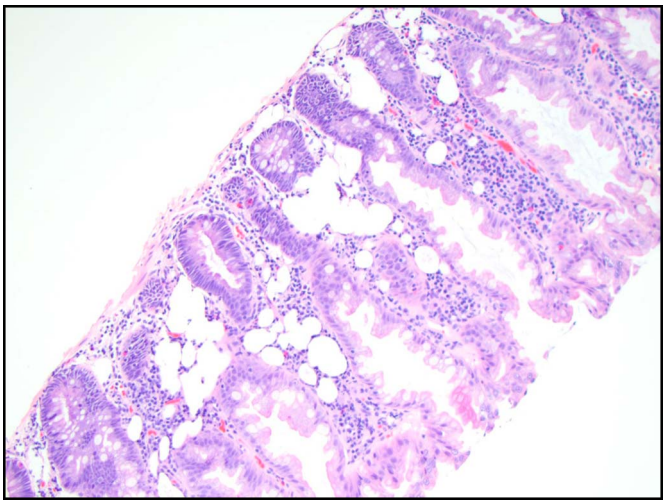

Figure 3. Colonic specimen (4× magnification, hematoxylin and eosin stain) showing dilated lymphatics.

DISCLOSURES

Author contributions: S. Tomar wrote and edited the article, reviewed the literature, and is the article guarantor. E. Alqassim provided the images and revised the article for intellectual content. S. Mahmood provided the images and critically reviewed the article. All authors approved the final version of the manuscript.

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