

Helicobacter pylori gastritis associated duodenal lymphangioma: a case report

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INTRODUCTION

Lymphangiomas are benign thin-walled cysts that arise due to congenital lymphatic malformations. They are commonly found in the head, neck, and axilla and are rare in the duodenum. 90% of lymphangiomas are diagnosed by the age of 2 years. Diagnosis is incidental and definitive treatment is surgical resection.

CASE DESCRIPTION

A 30-year-old gentleman presented with a year-long history of:

- intermittent dyspepsia
- epigastric pain

The epigastric pain was related to food intake and partially relieved by a proton pump inhibitor.

He was a non-smoker, a non-alcohol user, and had no alarm signs like anemia, weight loss, nights sweat, dysphagia, or odynophagia.

Vitals:

HR 75/minute
BP 120/80 mm of Hg
RR 15/minute
Temp - 98° F

Examination:

GCS 15/15
Normal Chest exam.
Epigastric tenderness, otherwise normal abdominal exam.

Labs:

Complete blood count – Normal
Electrolytes - Normal
Liver function test - Normal
Renal function tests – Normal

H. Pylori Antigen – Negative

Esophagogastroduodenoscopy:

Moderate chronic active gastritis with few H. pylori present and a small white polypoid mass was seen at D1.

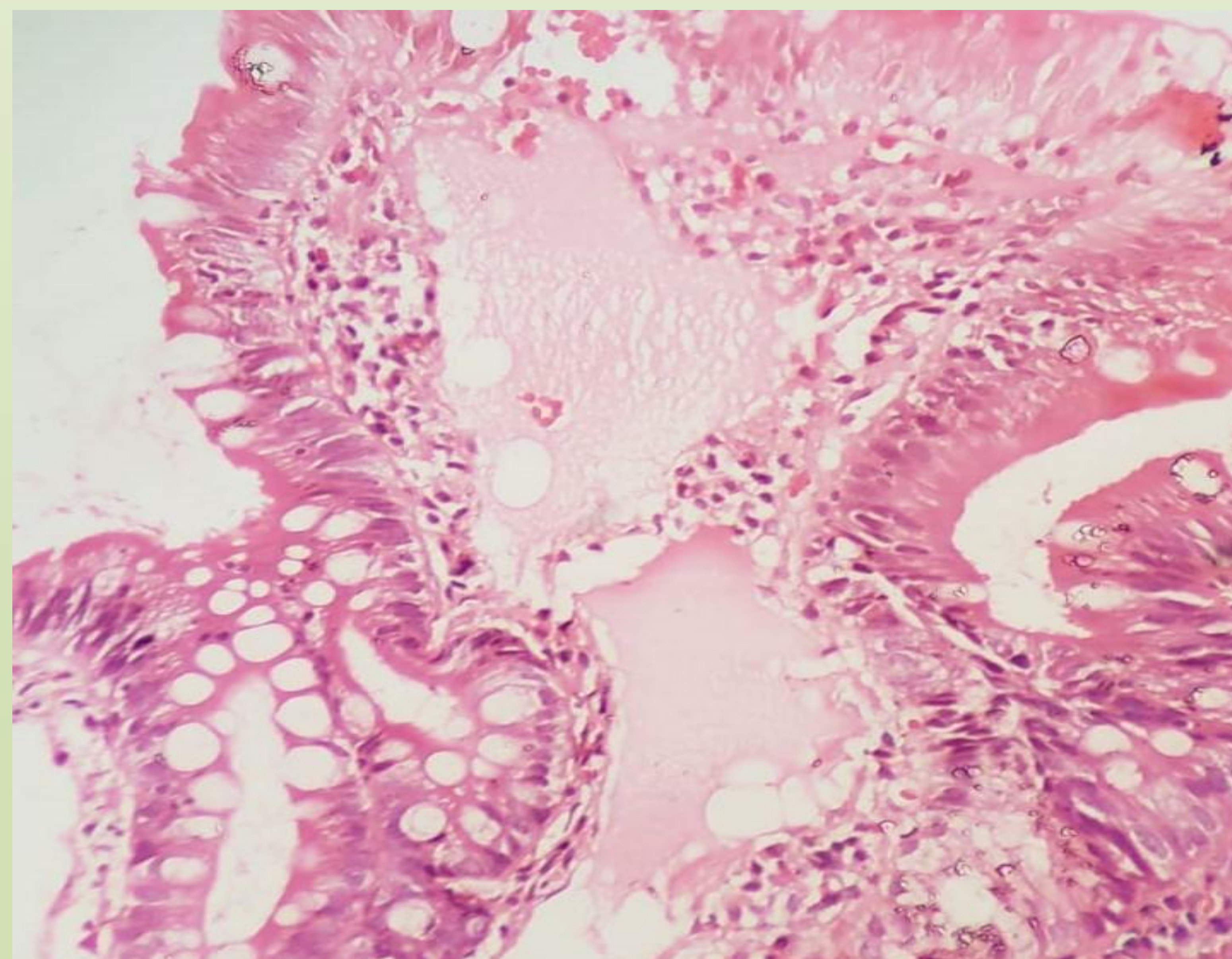
CLINICAL COURSE

Patient received triple therapy for 2 weeks for H. Pylori gastritis.

This was followed by a month long oral PPI (omeprazole).

Patient remained asymptomatic over the following year.

No further treatment was done for the lymphangioma.



Duodenal biopsy (D1)

(10X magnification)

- Thin-walled channels with intact villo-glandular architecture lined by flattened endothelium.
- Eosinophilic intraluminal material (secretions).
- Intervening stroma showed moderate inflammatory infiltrate.

DISCUSSION

Most lymphangiomas are asymptomatic or have vague symptoms.

Symptoms like abdominal discomfort, nausea, vomiting, and dyspepsia, making the diagnosis challenging.

Our patient presented with dyspepsia, possibly secondary to H. pylori infection, and responded to triple therapy.

However, there may be an association between lymphangiomas and dyspepsia.

Because of their benign nature, lymphangioma seldom requires treatment unless complicated with infection, hemorrhage, or fistula formation. Since our case had no such complication, no intervention was done for the lymphangioma.



Small white polypoid mass seen at D1

REFERENCES

1. Shayesteh S, Salimian KJ, Fouladi DF, Blanco A, Fishman EK, Kawamoto S. Intra-abdominal lymphangioma: A case report. Radiol Case Rep. 2020 Nov 11;16(1):123-127.
2. (2) Iwamuro M, Kawai Y, Takata K, Okada H, Yamamoto K. Observation of lymphangioma of the duodenum by a magnifying endoscope with a narrow-band imaging system. Case Rep Gastroenterol. 2013 May 24;7(2):229-33