ESPGHAN
European Society for Paediatric Gastroenterology, Hepatology and Nutrition

# IMAGE OF THE MONTH

11/2021

## FROM YOUNG ESPGHAN

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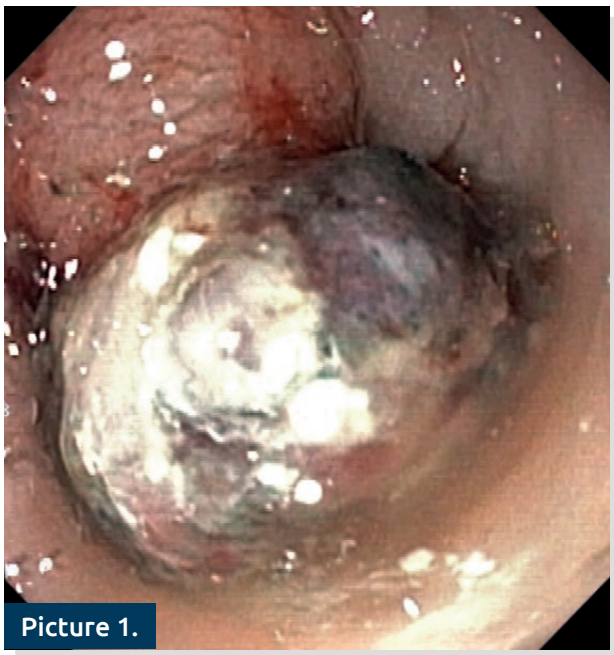
### Sigmoid haemangioma as a cause of rectal bleeding in infant

A 6-month-old boy presented to the emergency department with a 3-month history of episodic, rectal bleeding (1-2 times a week). During the 3 months of outpatient care the infant received several, hydrolysed formulas with no effect from the primary care physician who suspected allergic colitis.

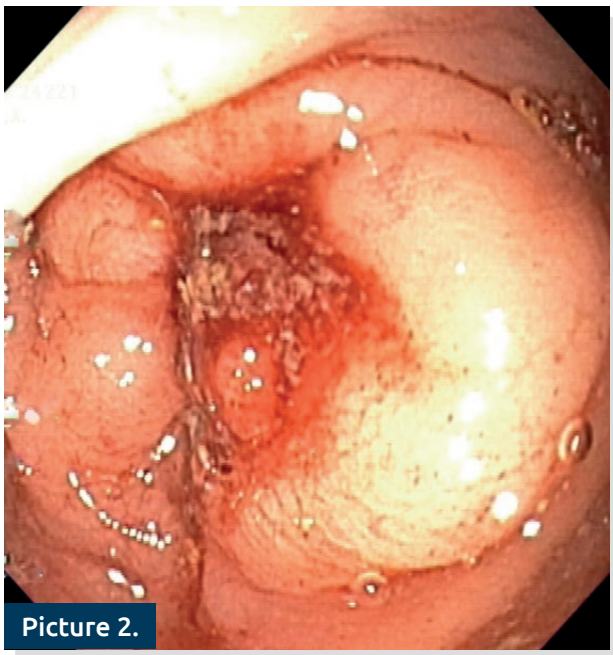
The patient was slightly anaemic on admission (haemoglobin 9.2 g/dL). A gastrointestinal endoscopy revealed a ~1.5 cm bluish, polypoid lesion (Picture 1), most likely a sigmoid haemangioma. Of note is that the patient also had two cutaneous haemangiomas on the left leg (Pictures 3 and 4). Due to high bleeding risk, endoscopic polyp removal and biopsies were not performed. An MRI showed multiple venous malformations in the pelvis around the rectosigmoid. The patient underwent diagnostic laparoscopy with sigmoid segment and haemangioma resection with end-to-end anastomosis. Histologic findings of the lesion confirmed infantile haemangioma (Pictures 5-8). No further bloody stools were observed in the post-operative period, but a week after the surgery rectal bleeding occurred again. A repeat endoscopy revealed a red-coloured mucosal elevation at the site of anastomosis (Picture 2). Therefore, the patient received therapy with propranolol at 2 mg/kg/day for 3 months. There was no history of rectal bleeding on follow-up at the age of 12 months.

**Colorectal haemangiomas are rare, but often misdiagnosed causes of rectal bleeding.**

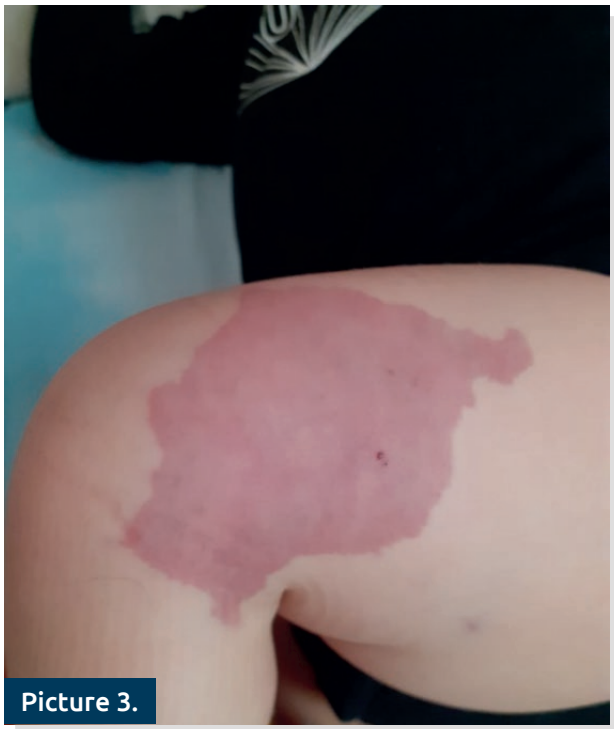
Learn more on medical management of colorectal haemangiomas:
Marcus C.B. Tan, M.B., B.S. and Matthew G. Mutch, M.D. Uncommon colorectal neoplasms: Hemangiomas of the Pelvis. Clin Colon Rectal Surg. 2006 May; 19(2): 94–101.



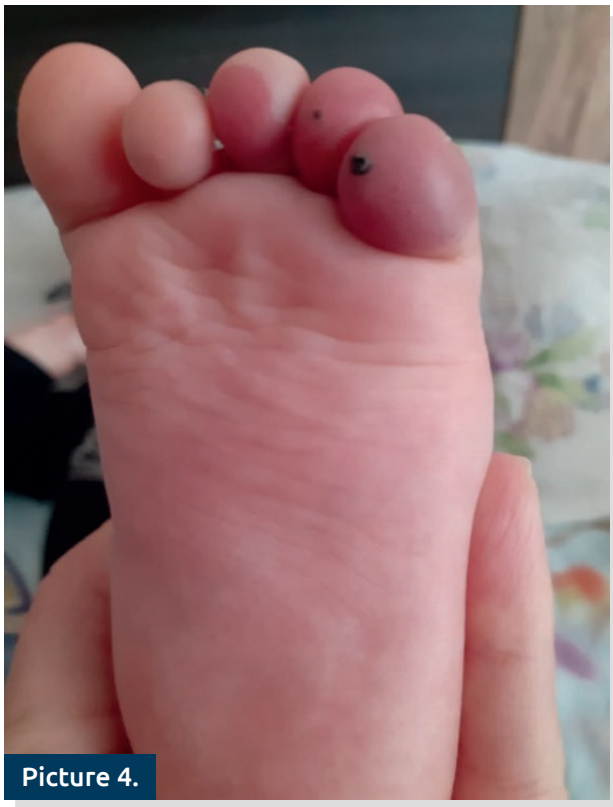
Picture 1.



Picture 2.



Picture 3.

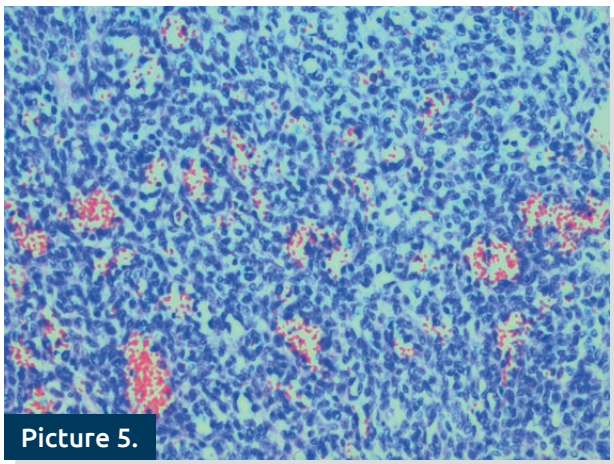


Picture 4.

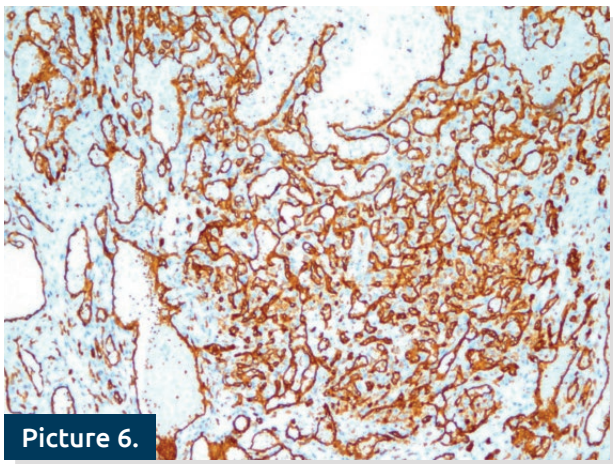
**Picture 1.** Bluish polypoid lesion (hemangioma) at first colonoscopy.

**Picture 2.** Reddish mucosal elevation at the site of anastomosis (haemangioma relapse).

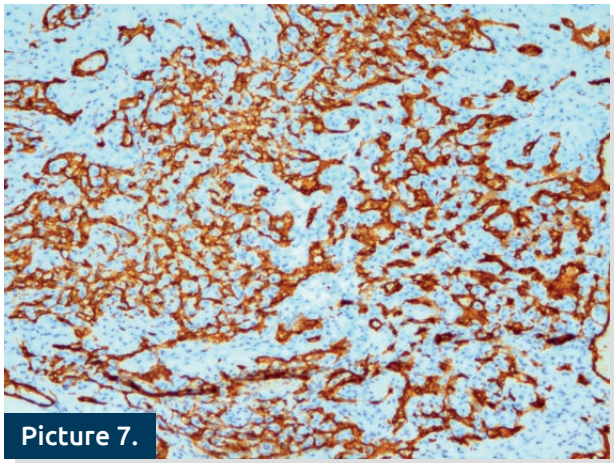
**Picture 3,4.** Haemangiomas on the patient's left leg.



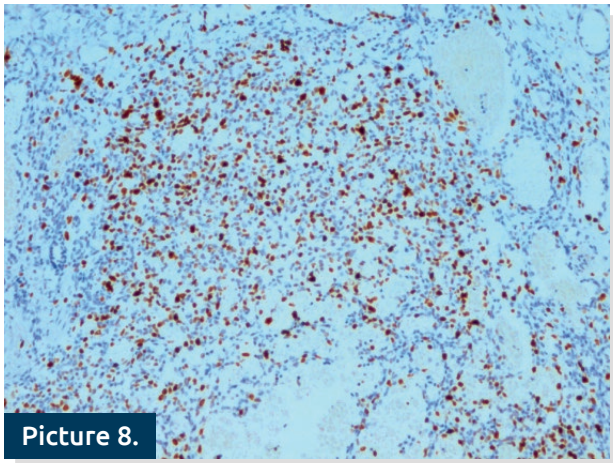
Picture 5.



Picture 6.



Picture 7.



Picture 8.

**Picture 5.** Microphotograph of the lesion (H&E) demonstrating proliferation of small endothelial cells and capillary-type vessels.

**Picture 6, 7.** The cells show high immunoreactivity with the traditional, blood-vessel, endothelial markers CD31 (Picture 6) and CD34 (Picture 7).

**Picture 8.** The Ki-67 proliferation index was high (60%).