Annals of Integrative Oncology

Clinical Image
Published: 28 Apr, 2022

Lymphangiomatosis of the Small Intestine and Mesentery

Meagan Miller and Jordan Swensson*

Indiana University School of Medicine, Indianapolis, USA

Clinical Image

A 31-year-old female presented to Oncology in 2010 for evaluation with a 4-year history of progressive abdominal pain, nausea, melena/hematochezia, decreased appetite, and protein-losing enteropathy. Open biopsy of the small bowel revealed lymphangiomatosis of the small intestine and mesentery. Findings on PET/CT included hypermetabolic activity throughout much of the visualized abdomen (no SUV reported), as well as extensive retrocrural and paraesophageal lymphadenopathy (max SUV 2.3). Although lymphangiomatosis is most commonly found in the bones and lung, it can occur in any organ system as highlighted in the case described above. The abnormal dilation of lymphatics filled with serous/chylous material leads to fluid density material throughout the

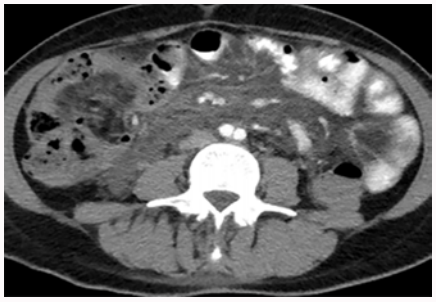

Figure 1: Axial lymphangiomatosis clean.

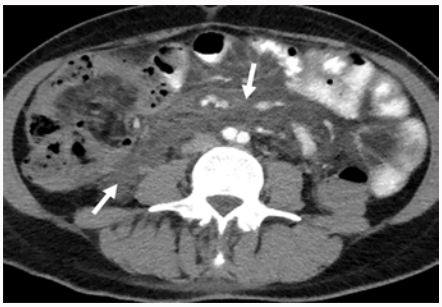

Figure 2: Axial lymphangiomatosis marked.

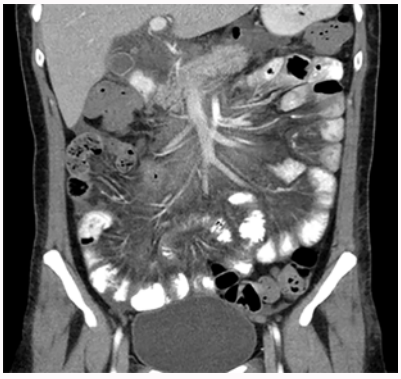

Figure 3: Coronal lymphangiomatosis clean.

OPEN ACCESS

Correspondence:
Meagan Miller, Indiana University School of Medicine, Indianapolis, USA, Tel: (316) 207-7335; E-mail: meaemill@iu.edu

Received Date: *04 Apr 2022*
Accepted Date: *19 Apr 2022*
Published Date: *28 Apr 2022*

Citation:
Miller M, Swensson J. Lymphangiomatosis of the Small Intestine and Mesentery. Ann Integr Oncol. 2022; 2(1): 1012.

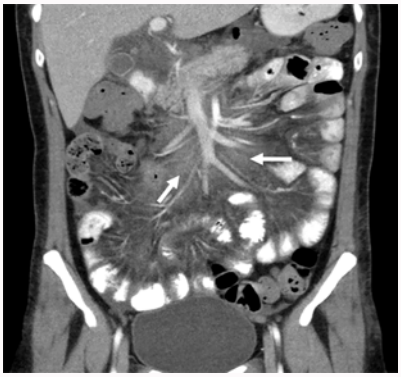

Figure 4: Coronal lymphangiomatosis marked.

mesentery, and makes adjacent abdominal vasculature appear more prominent. Mesenteric lymphangiomatosis is usually microcystic, with individual cystic spaces too small to see on CT. This leads to the confluent areas of mass-like fluid density seen in this case (Figures 1-4).