

PT013-GI

腸繫脈纖維化增生合併侵犯十二指腸-表現類似腸胃道間質細胞瘤：兩病例報告
Mesentery Fibromatosis with Duodenum Involvement- Mimicking Gastrointestinal Stromal Cell Tumor: two cases report

黃駿麟 林維卿 何永仁 沈戊忠

Chun-Lin Huang Wei-Ching Lin Yung-Jen Ho Wu-Ching Shen

中國醫藥大學附設醫院 放射線部

Department of Radiology, China Medical University Hospital, Taichung, Taiwan

Introduction: Mesenteric fibromatosis is a rare proliferative disease of mesentery. It is a locally aggressive tumor and tumor local recurrence is common after operation. It can affect adjacent bowel loop and cause gastrointestinal symptom. We will present two rare cases of mesentery fibromatosis with duodenum involvement mimicking gastrointestinal stromal cell tumor clinically and radiologically.

Case report: Two cases were admitted to our ward due to the same symptoms of post-prandial nausea and vomiting. Endoscope was performed first and showed much retained food in stomach. UGI series study showed focal mass effect and stenosis in 4th portion duodenum. CT scan showed focal soft tissue mass in upper abdomen with close contact to 4th portion duodenum and dilatation of proximal duodenum. Under the impression of mesentery or duodenum gastrointestinal stromal cell tumor with partial bowel obstruction, operation was performed. Pathological report showed mesentery fibromatosis with duodenum involvement.

Conclusion: The diagnosis of mesentery fibromatosis should always be listed in the differential diagnosis in case of mesenchymal tumors that diffusely infiltrates the mesentery and bowel wall.

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食道肌壁間剝離：病例報告
Intramural Esophageal Dissection: a case report

夏瑋澤¹ 楊仕哲^{1,2} 蔡伯邦¹ 沈戊忠^{1,3}

Wei-Ise Hsia¹ Su-Tso Yang^{1,2} Po-Pang Tsai¹ Wu-Chung Shen^{1,3}

中國醫藥大學附設醫院 放射線部¹

中國醫藥大學 中醫學系² 健康照護學院³

Department of Radiology¹, China Medical University Hospital, Taichung, Taiwan

School of Chinese Medicine², College of Chinese Medicine, College of Health Care³, China Medical University, Taichung, Taiwan

Introduction: Intramural esophageal dissection is defined as separation of the mucosa from muscular layer with creation of true and false lumens, conceptually similar to aortic dissection. The typical imaging findings include “double-barreled appearance” and “mucosal stripe sign”. Most patients recovered well after conservative treatment with antibiotics, oral restriction, and intravenous nutrition support. Here, we present a case that failed conservative treatment, complicated with mediastinum abscess and received surgical intervention.

Case Report: We report a case of a 49-year old male with history of hypertension and diabetes mellitus. He was referred from other hospital with anterior chest pain and dysphagia for one week. Under the diagnosis of esophagitis, he was admitted and treated conservatively. During admission, acute onset of chest pain occurred. Emergent computed tomography (CT) revealed intramural dissection of esophagus with a mucosa flap, associating with fluid collection in false lumen and mediastinum abscess. The patient then received subtotal esophagectomy. Surgical and pathologic findings confirmed a 1cm x 0.7cm mucosa tear in esophagus.

Discussion: Reviewing the literature, there are two hypotheses of pathogenesis. The first theory is that the submucosal dissection is initiated by submucosal bleeding, which leads to mucosa tear. The second one is that the dissection begins as small mucosal tear, followed by bleeding and further dissection. This case seems to agree with the former theory. Although conservative treatment is recommended, we should be aware of the possible progression into esophageal perforation, which would prompt surgical intervention.