

World Journal of *Clinical Cases*

World J Clin Cases 2021 November 16; 9(32): 9699-10051



Contents

Thrice Monthly Volume 9 Number 32 November 16, 2021

REVIEW

- 9699 Emerging role of long noncoding RNAs in recurrent hepatocellular carcinoma
Fang Y, Yang Y, Li N, Zhang XL, Huang HF

MINIREVIEWS

- 9711 Current treatment strategies for patients with only peritoneal cytology positive stage IV gastric cancer
Bausys A, Gricius Z, Aniukstyte L, Luksta M, Bickaite K, Bausys R, Strupas K

ORIGINAL ARTICLE

Case Control Study

- 9722 Botulinum toxin associated with fissurectomy and anoplasty for hypertonic chronic anal fissure: A case-control study
D'Orazio B, Geraci G, Famà F, Terranova G, Di Vita G
- 9731 Correlation between circulating endothelial cell level and acute respiratory distress syndrome in postoperative patients
Peng M, Yan QH, Gao Y, Zhang Z, Zhang Y, Wang YF, Wu HN

Retrospective Study

- 9741 Effects of early rehabilitation in improvement of paediatric burnt hands function
Zhou YQ, Zhou JY, Luo GX, Tan JL
- 9752 Intracortical screw insertion plus limited open reduction in treating type 31A3 irreducible intertrochanteric fractures in the elderly
Huang XW, Hong GQ, Zuo Q, Chen Q
- 9762 Treatment effects and periodontal status of chronic periodontitis after routine Er:YAG laser-assisted therapy
Gao YZ, Li Y, Chen SS, Feng B, Wang H, Wang Q
- 9770 Risk factors for occult metastasis detected by inflammation-based prognostic scores and tumor markers in biliary tract cancer
Hashimoto Y, Ajiki T, Yanagimoto H, Tsugawa D, Shinozaki K, Toyama H, Kido M, Fukumoto T
- 9783 Scapular bone grafting with allograft pin fixation for repair of bony Bankart lesions: A biomechanical study
Lu M, Li HP, Liu YJ, Shen XZ, Gao F, Hu B, Liu YF
- 9792 High-resolution computed tomography findings independently predict epidermal growth factor receptor mutation status in ground-glass nodular lung adenocarcinoma
Zhu P, Xu XJ, Zhang MM, Fan SF

- 9804** Colorectal cancer patients in a tertiary hospital in Indonesia: Prevalence of the younger population and associated factors

Makmun D, Simadibrata M, Abdullah M, Syam AF, Shatri H, Fauzi A, Renaldi K, Maulahela H, Utari AP, Pribadi RR, Muzellina VN, Nursyirwan SA

- 9815** Association between *Helicobacter pylori* infection and food-specific immunoglobulin G in Southwest China

Liu Y, Shuai P, Liu YP, Li DY

- 9825** Systemic immune inflammation index, ratio of lymphocytes to monocytes, lactate dehydrogenase and prognosis of diffuse large B-cell lymphoma patients

Wu XB, Hou SL, Liu H

Clinical Trials Study

- 9835** Evaluating the efficacy of endoscopic sphincterotomy on biliary-type sphincter of Oddi dysfunction: A retrospective clinical trial

Ren LK, Cai ZY, Ran X, Yang NH, Li XZ, Liu H, Wu CW, Zeng WY, Han M

Observational Study

- 9847** Management of pouch related symptoms in patients who underwent ileal pouch anal anastomosis surgery for adenomatous polyposis

Gilad O, Rosner G, Brazowski E, Kariv R, Gluck N, Strul H

- 9857** Presepsin as a biomarker for risk stratification for acute cholangitis in emergency department: A single-center study

Zhang HY, Lu ZQ, Wang GX, Xie MR, Li CS

Prospective Study

- 9869** Efficacy of Yiqi Jianpi anti-cancer prescription combined with chemotherapy in patients with colorectal cancer after operation

Li Z, Yin DF, Wang W, Zhang XW, Zhou LJ, Yang J

META-ANALYSIS

- 9878** Arthroplasty vs proximal femoral nails for unstable intertrochanteric femoral fractures in elderly patients: a systematic review and meta-analysis

Chen WH, Guo WX, Gao SH, Wei QS, Li ZQ, He W

CASE REPORT

- 9889** Synchronous multiple primary malignancies of the esophagus, stomach, and jejunum: A case report

Li Y, Ye LS, Hu B

- 9896** Idiopathic acute superior mesenteric venous thrombosis after renal transplantation: A case report

Zhang P, Li XJ, Guo RM, Hu KP, Xu SL, Liu B, Wang QL

- 9903** Next-generation sequencing technology for diagnosis and efficacy evaluation of a patient with visceral leishmaniasis: A case report

Lin ZN, Sun YC, Wang JP, Lai YL, Sheng LX

- 9911** Cerebral air embolism complicating transbronchial lung biopsy: A case report
Herout V, Brat K, Richter S, Cundrle Jr I
- 9917** Isolated synchronous Virchow lymph node metastasis of sigmoid cancer: A case report
Yang JQ, Shang L, Li LP, Jing HY, Dong KD, Jiao J, Ye CS, Ren HC, Xu QF, Huang P, Liu J
- 9926** Clinical presentation and management of drug-induced gingival overgrowth: A case series
Fang L, Tan BC
- 9935** Adult with mass burnt lime aspiration: A case report and literature review
Li XY, Hou HJ, Dai B, Tan W, Zhao HW
- 9942** Massive hemothorax due to intercostal arterial bleeding after percutaneous catheter removal in a multiple-trauma patient: A case report
Park C, Lee J
- 9948** Hemolymphangioma with multiple hemangiomas in liver of elderly woman with history of gynecological malignancy: A case report
Wang M, Liu HF, Zhang YZZ, Zou ZQ, Wu ZQ
- 9954** Rare location and drainage pattern of right pulmonary veins and aberrant right upper lobe bronchial branch: A case report
Wang FQ, Zhang R, Zhang HL, Mo YH, Zheng Y, Qiu GH, Wang Y
- 9960** Respiratory failure after scoliosis correction surgery in patients with Prader-Willi syndrome: Two case reports
Yoon JY, Park SH, Won YH
- 9970** Computed tomography-guided chemical renal sympathetic nerve modulation in the treatment of resistant hypertension: A case report
Luo G, Zhu JJ, Yao M, Xie KY
- 9977** Large focal nodular hyperplasia is unresponsive to arterial embolization: A case report
Ren H, Gao YJ, Ma XM, Zhou ST
- 9982** Fine-needle aspiration cytology of an intrathyroidal nodule diagnosed as squamous cell carcinoma: A case report
Yu JY, Zhang Y, Wang Z
- 9990** Extensive abdominal lymphangiomatosis involving the small bowel mesentery: A case report
Alhasan AS, Daqqaq TS
- 9997** Gastrointestinal symptoms as the first sign of chronic granulomatous disease in a neonate: A case report
Meng EY, Wang ZM, Lei B, Shang LH
- 10006** Screw penetration of the iliopsoas muscle causing late-onset pain after total hip arthroplasty: A case report
Park HS, Lee SH, Cho HM, Choi HB, Jo S

- 10013** Uretero-lumbar artery fistula: A case report
Chen JJ, Wang J, Zheng QG, Sun ZH, Li JC, Xu ZL, Huang XJ
- 10018** Rare mutation in MKRN3 in two twin sisters with central precocious puberty: Two case reports
Jiang LQ, Zhou YQ, Yuan K, Zhu JF, Fang YL, Wang CL
- 10024** Primary mucosal-associated lymphoid tissue extranodal marginal zone lymphoma of the bladder from an imaging perspective: A case report
Jiang ZZ, Zheng YY, Hou CL, Liu XT
- 10033** Focal intramural hematoma as a potential pitfall for iatrogenic aortic dissection during subclavian artery stenting: A case report
Zhang Y, Wang JW, Jin G, Liang B, Li X, Yang YT, Zhan QL
- 10040** Ventricular tachycardia originating from the His bundle: A case report
Zhang LY, Dong SJ, Yu HJ, Chu YJ
- 10046** Posthepatectomy jaundice induced by paroxysmal nocturnal hemoglobinuria: A case report
Liang HY, Xie XD, Jing GX, Wang M, Yu Y, Cui JF

ABOUT COVER

Editorial Board Member of *World Journal of Clinical Cases*, Jalaj Garg, FACC, MD, Academic Research, Assistant Professor, Division of Cardiology, Medical College of Wisconsin, Milwaukee, WI 53226, United States.
garg.jalaj@yahoo.com

AIMS AND SCOPE

The primary aim of *World Journal of Clinical Cases* (WJCC, *World J Clin Cases*) is to provide scholars and readers from various fields of clinical medicine with a platform to publish high-quality clinical research articles and communicate their research findings online.

WJCC mainly publishes articles reporting research results and findings obtained in the field of clinical medicine and covering a wide range of topics, including case control studies, retrospective cohort studies, retrospective studies, clinical trials studies, observational studies, prospective studies, randomized controlled trials, randomized clinical trials, systematic reviews, meta-analysis, and case reports.

INDEXING/ABSTRACTING

The WJCC is now indexed in Science Citation Index Expanded (also known as SciSearch®), Journal Citation Reports/Science Edition, Scopus, PubMed, and PubMed Central. The 2021 Edition of Journal Citation Reports® cites the 2020 impact factor (IF) for WJCC as 1.337; IF without journal self cites: 1.301; 5-year IF: 1.742; Journal Citation Indicator: 0.33; Ranking: 119 among 169 journals in medicine, general and internal; and Quartile category: Q3. The WJCC's CiteScore for 2020 is 0.8 and Scopus CiteScore rank 2020: General Medicine is 493/793.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: Jia-Hui Li; Production Department Director: Yu-Jie Ma; Editorial Office Director: Jin-Lei Wang.

NAME OF JOURNAL

World Journal of Clinical Cases

ISSN

ISSN 2307-8960 (online)

LAUNCH DATE

April 16, 2013

FREQUENCY

Thrice Monthly

EDITORS-IN-CHIEF

Dennis A Bloomfield, Sandro Vento, Bao-Gan Peng

EDITORIAL BOARD MEMBERS

<https://www.wjgnet.com/2307-8960/editorialboard.htm>

PUBLICATION DATE

November 16, 2021

COPYRIGHT

© 2021 Baishideng Publishing Group Inc

INSTRUCTIONS TO AUTHORS

<https://www.wjgnet.com/bpg/gerinfo/204>

GUIDELINES FOR ETHICS DOCUMENTS

<https://www.wjgnet.com/bpg/GerInfo/287>

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH

<https://www.wjgnet.com/bpg/gerinfo/240>

PUBLICATION ETHICS

<https://www.wjgnet.com/bpg/GerInfo/288>

PUBLICATION MISCONDUCT

<https://www.wjgnet.com/bpg/gerinfo/208>

ARTICLE PROCESSING CHARGE

<https://www.wjgnet.com/bpg/gerinfo/242>

STEPS FOR SUBMITTING MANUSCRIPTS

<https://www.wjgnet.com/bpg/GerInfo/239>

ONLINE SUBMISSION

<https://www.f6publishing.com>



Hemolymphangioma with multiple hemangiomas in liver of elderly woman with history of gynecological malignancy: A case report

Min Wang, Hai-Feng Liu, Yan-Zhen-Zi Zhang, Zhi-Qing Zou, Zhou-Quan Wu

ORCID number: Min Wang 0000-0003-4119-633X; Hai-Feng Liu 0000-0002-5348-6943; Yan-Zhen-Zi Zhang 0000-0002-7852-8492; Zhi-Qing Zou 0000-0001-9953-1298; Zhou-Quan Wu 0000-0003-2044-1092.

Author contributions: Wang M and Wu ZQ contributed to the design, analysis, and drafting of the manuscript; Wang M and Liu HF contributed to the analysis, and critically revised the manuscript; Zhang YZZ explained the microscopic and immunohistochemical staining; Wu ZQ and Zou ZQ critically revised the manuscript; and all authors read and approved the final manuscript.

Supported by The Scientific Research Project of Jiangsu Provincial Health Commission, No. H2018047; Youth Project of Changzhou City Health Commission, No. QN202022; and Young Talent Development Plan of Changzhou Health Commission, No. CZQM202105.

Informed consent statement:

Informed written consent was obtained from the patient and his parents for publication of this report and the accompanying images.

Conflict-of-interest statement: The authors declare that they have no

Min Wang, Zhi-Qing Zou, Zhou-Quan Wu, Department of Anesthesiology, Changzhou Second People's Hospital Affiliated to Nanjing Medical University, Changzhou 213003, Jiangsu Province, China

Hai-Feng Liu, Department of Radiology, Third Affiliated Hospital of Soochow University and Changzhou First People's Hospital, Changzhou 213003, Jiangsu Province, China

Yan-Zhen-Zi Zhang, Department of Pathology, Third Affiliated Hospital of Soochow University and Changzhou First People's Hospital, Changzhou 213003, Jiangsu Province, China

Corresponding author: Zhou-Quan Wu, PhD, Chief Doctor, Department of Anesthesiology, Changzhou Second People's Hospital Affiliated to Nanjing Medical University, No. 68 Gehu Middle Road, Wujin District, Changzhou 213003, Jiangsu Province, China.
wuzhouquan2005@126.com

Abstract

BACKGROUND

Hepatic hemolymphangioma is an extremely rare benign congenital malformation composed of cystically dilated lymphatic and blood vessels, and they have nonspecific clinical symptoms and laboratory results. In this study, hepatic hemolymphangioma with multiple hemangiomas in an elderly woman was initially reported and analyzed.

CASE SUMMARY

A 61-year-old female patient, with a history of hysterectomy and bilateral adnexectomy, was referred to the hepatobiliary surgery department with the complaint of multiple hepatic hemangiomas that had been diagnosed 2 years prior in a preoperative contrast-enhanced computed tomography (CECT) examination. Upon entering our hospital, no abnormal physical examination and laboratory data were found. The latest CECT revealed a new 7.0 cm × 6.2 cm cystic-solid lesion with multiple internal divisions in segment II of the liver, with delayed CECT enhancement characteristics that presented as solid parts with internal division. On the positron emission tomography (PET)/CT, no significant uptake of ¹⁸F-fluorodeoxyglucose was observed. Finally, hepatic hemolymphangioma was confirmed based on the pathological and immunohistochemical results after surgery. At 1-year follow-up, her posthepatectomy evaluation was uneventful, and she had recovered full activity. In addition, no postoperative recurrent or residual lesion was found on CECT imaging.

conflict of interest.

CARE Checklist (2016) statement:

This study was conducted based on Care Checklist (2016) statement.

Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>

Specialty type: Gastroenterology and Hepatology

Country/Territory of origin: China

Peer-review report's scientific quality classification

Grade A (Excellent): 0
Grade B (Very good): 0
Grade C (Good): C, C, C
Grade D (Fair): 0
Grade E (Poor): 0

Received: June 12, 2021

Peer-review started: June 12, 2021

First decision: June 25, 2021

Revised: July 2, 2021

Accepted: September 8, 2021

Article in press: September 8, 2021

Published online: November 16, 2021

P-Reviewer: Elpek GO, Liakina V, Marickar F

S-Editor: Wang JL

L-Editor: Kerr C

P-Editor: Yu HG



CONCLUSION

Hepatic hemolymphangioma with multiple hemangiomas was reported and observed by CECT and PET/CT imaging.

Key Words: Hepatic hemolymphangioma; Hemangiomas; Contrast-enhanced computed tomography; Positron emission tomography/computed tomography; Case report

©The Author(s) 2021. Published by Baishideng Publishing Group Inc. All rights reserved.

Core tip: To the best of our knowledge, this is the first report of hepatic hemolymphangioma with multiple hemangiomas and the associated features observed by contrast-enhanced computed tomography (CECT) and ¹⁸F-fluorodeoxyglucose positron emission tomography/computed tomography. In addition, this case was beneficial for confirming the pathogenesis of hepatic hemolymphangioma caused by surgery. Finally, posthepatectomy evaluation was uneventful, and no postoperative recurrent or residual lesion was found on CECT imaging, presenting a good prognosis.

Citation: Wang M, Liu HF, Zhang YZZ, Zou ZQ, Wu ZQ. Hemolymphangioma with multiple hemangiomas in liver of elderly woman with history of gynecological malignancy: A case report. *World J Clin Cases* 2021; 9(32): 9948-9953

URL: <https://www.wjgnet.com/2307-8960/full/v9/i32/9948.htm>

DOI: <https://dx.doi.org/10.12998/wjcc.v9.i32.9948>

INTRODUCTION

Hemolymphangioma, also known as angioma lymphaticum, is an extremely rare vascular malformation that is characterized by blood vessels and cystic dilated lymphatics, which can occur at any age[1,2], with an estimated incidence from 1.2 to 2.8 per 1000 newborn infants[3], and both sexes are equally affected. Hemolymphangioma is considered to be a benign and noninvasive disorder, which is most commonly found in the cervical region[4], seldomly in the pancreas and spleen[5], and even more rarely in the liver. In a review of PubMed, only three hepatic hemolymphangiomas have been reported in the literature thus far[6-8]. In this study, we present for the first time, a hepatic hemolymphangioma with multiple hemangiomas after hysterectomy and bilateral adnexectomy, in the hope of improving our understanding of hemolymphangioma. Moreover, the imaging features of hepatic hemolymphangiomas observed by contrast-enhanced computed tomography (CECT) and positron emission tomography/computed tomography (PET/CT) were also analyzed.

CASE PRESENTATION

Chief complaints

A 61-year-old female patient was referred to the hepatobiliary surgery department, with the complaint of multiple hepatic hemangiomas that had been diagnosed 2 years prior.

History of present illness

The patient was receiving maintenance chemotherapy after surgery for ovarian cancer.

History of past illness

The patient had a 2-year history of hysterectomy and bilateral adnexectomy owing to ovarian cancer. At her preoperative CECT examination, multiple uniform hypointensity lesions within the liver were found, which were preliminarily diagnosed as multiple hepatic hemangiomas, with the largest lesion measuring 3.6 cm × 2.2 cm, presenting with the enhancement feature of fast-in and slow-out (Figure 1A-C). Based on recommendations from the clinician, the patient was willing to receive regular follow-up.

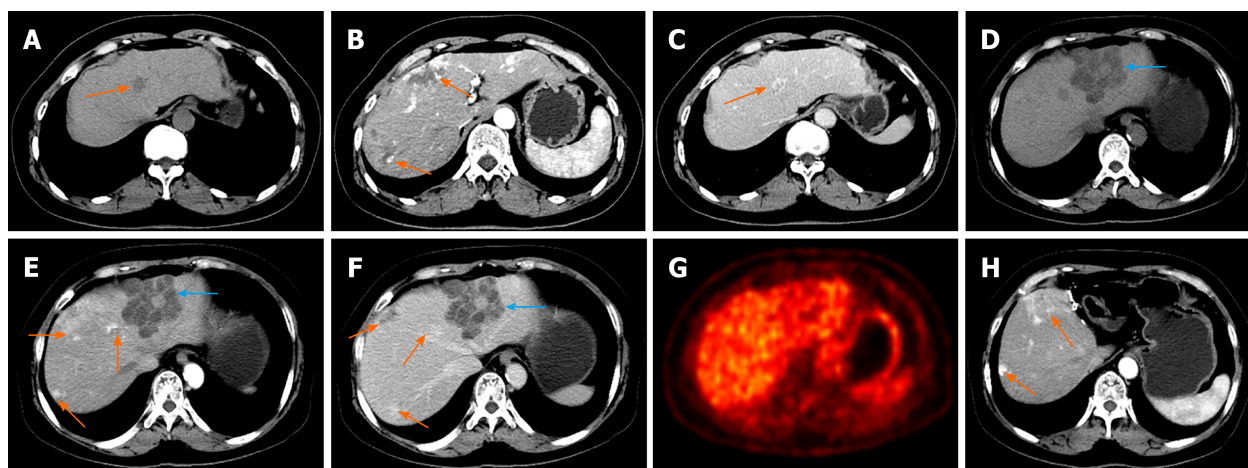


Figure 1 Contrast-enhanced computed tomography (CECT) and positron emission tomography/computed tomography (PET/CT) features of hepatic hemolymphangioma. A–C: CECT images from 3 years ago revealing multiple hepatic hemangiomas (orange arrow) with hypointensity (A) and fast-in and slow-out enhancement patterns (B,C); D–F: CECT before partial hepatectomy presented a new cystic-solid lesion (blue arrow) with multiple internal divisions located in segment II of the liver (D), with delayed CECT enhancement characteristics (E, F); G: PET/CT scan found no significant uptake of ^{18}F -fluorodeoxyglucose; H: At 1-year follow up, no obvious recurrent or residual lesion was identified by CT imaging.

Personal and family history

The patient had no specific personal or family history.

Physical examination

Physical examination revealed that the abdomen was soft without tenderness or an enlarged liver, and no abnormal temperature or heart pressure was noted. The risk factors for history of hepatitis, nausea and vomiting, yellowish discoloration of the skin and weight loss were initially absent 3 years ago and at this presentation.

Laboratory examinations

The laboratory data concerning liver function were normal: alanine transaminase, 11 (7–40) μL ; aspartate transaminase, 20 (13–35) μL ; albumin, 42.4 (35.0–53.0) g/L; and direct bilirubin, 4.8 (0.1–5.8) $\mu\text{mol/L}$. In addition, tumor biomarkers, such as -fetoprotein, carcinoembryonic antigen, carbohydrate antigen (CA)-199, and CA-125, were all negative.

Imaging examinations

Upon entering our hospital on this occasion, the latest CECT was performed and revealed multiple hepatic hemangiomas with the same size and density as the previous CECT (3 years ago). However, a new 7.0 cm \times 6.2 cm cystic-solid lesion with multiple internal divisions was found in segment II of the liver. The delayed CECT enhancement characteristics presented as solid parts with internal division (Figure 1D–F), which was considered by a radiologist to be a cystoma or cystadenocarcinoma of the liver. There were no CECT manifestations of enlarged lymph nodes or other abdominal organ metastases. On the PET/CT scan, no significant uptake of ^{18}F -fluorodeoxyglucose was observed (Figure 1G).

Further diagnostic work-up

Postoperative pathology demonstrated that the lesion was soft with a honeycomb shape. Microscopically, enlarged lymphatics and capillaries of varying sizes were seen mixed with a few lymphocytes and red blood cells (Figure 2A, B). For immunohistochemical staining (Figure 2C, D), D2-40 (+), vimentin (+), CD31 (+), CD34 (+), cytokeratin (–), S-100 (–), and smooth muscle actin (–) were used.

FINAL DIAGNOSIS

Hepatic hemolymphangioma was confirmed based on the pathological and immunohistochemical results.

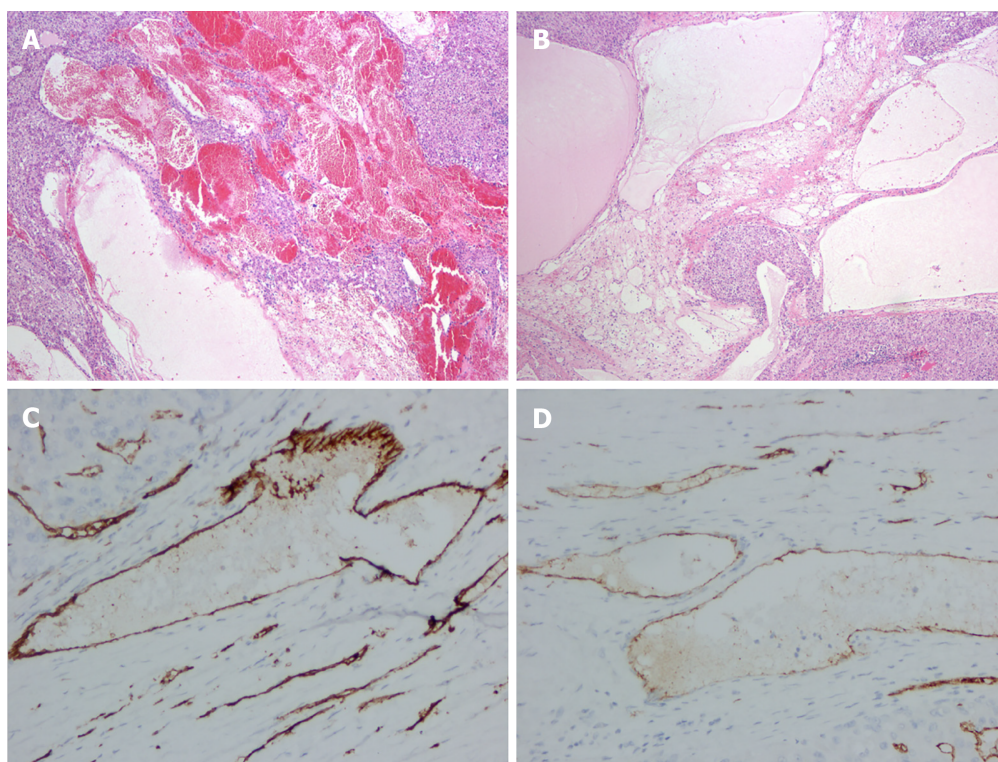


Figure 2 Pathological results of hepatic hemolymphangioma. A, B: Microscopically, the tumor was mainly composed of lymphatic and blood vessels (40×); C, D: Immunohistochemical staining showed that CD34 and CD31 were positive (400×).

TREATMENT

The patient underwent partial hepatectomy under general anesthesia. A 5.4 cm × 3.2 cm well-defined and dark-red lesion with a false capsule was present in the left lobe and protruding from the liver surface. After the operation, neither radiotherapy nor immunotherapy was conducted, and no surgical complications or symptoms occurred.

OUTCOME AND FOLLOW-UP

At 1-year follow-up, posthepatectomy evaluation was uneventful, and the patient had recovered full activity. In addition, no postoperative recurrent or residual lesion was found on CECT imaging (Figure 1H).

DISCUSSION

Hemolymphangioma can be divided into congenital and acquired forms based on its pathogenesis. For congenital hemolymphangioma, the pathogenesis is mainly associated with obstruction of venous-lymphatic communication between the systemic circulation and dysembryoplastic vascular tissues[9]. However, lymphatic vessel injury caused by surgery or trauma with inadequate lymph fluid drainage can contribute to acquired hemolymphangioma[10]. In the present patient, acquired hemolymphangioma was more likely to be the diagnosis, not only because of the 2-year history of gynecological malignancy, but also because no suspicious hepatic hemolymphangioma was found on preoperative CECT examination. Therefore, this study indicated that surgery may contribute to the pathogenesis of hepatic hemolymphangioma, which was consistent with the previous conclusion reported by Mao *et al*[11].

The majority of patients with hepatic hemolymphangioma are asymptomatic for a long period of time, and a few patients may present with primary clinical symptoms of nonspecific epigastric discomfort or pain that originates from the tumor as it grows [12]. In addition, the laboratory data of liver function and tumor biomarkers are often negative, which was also demonstrated in the present case. Abdominal imaging is

valuable in evaluating the morphology and invasion of the tumor and guiding surgical treatment. Based on the literature review, hepatic hemolymphangioma usually demonstrates a well-demarcated cystic-solid tumor that has a small solid part and multiloculated cyst. The small solid part may be caused by residual and compressed vascular tissue, while a multiloculated cyst may represent rupture and fusion of the vascular cavity[13]. In this case, hepatic hemolymphangioma appeared as gradual delayed enhancement of the internal division and cystic wall, suggesting minimal blood supply by the portal vein in the lesion. However, multilocular cysts with internal division in hepatic lesions are a common but atypical imaging feature. Thus, cystadenomas, cystadenocarcinomas, and intrahepatic hematomas pose a challenge to reaching a definitive diagnosis before surgery[14].

Hepatic hemolymphangioma is commonly considered as a benign disorder, but the recurrence and invasion of adjacent organs have been reported[5]. Complete hepatectomy is the most effective therapy, with the aim to remove the entire tumor; however, careful performance is required to avoid possible hemorrhage, not only because of the vascular component of hemolymphangioma, but also the rich blood supply from the portal vein and hepatic artery. Angiography and embolization can also be performed in cases of acute bleeding. The majority of cases in the literature had successful postoperative treatment, and remained asymptomatic during postoperative follow-up, as did our case. However, the recurrence rates vary depending on the adequacy of the excision. Lesions that have been completely excised present 10%–27% recurrence, while those being partially resected may recur in 50%–100% of cases[15, 16]. Therefore, postoperative follow-up is necessary due to the potential recurrence of the tumor.

CONCLUSION

We described a patient diagnosed with hepatic hemolymphangioma with multiple hemangiomas in an elderly woman with a history of hysterectomy and bilateral adnexectomy and analyzed the features observed by CECT and PET/CT imaging, which is useful to improve our understanding of hepatic hemolymphangioma. In addition, this study was beneficial for proving the pathogenesis of hepatic hemolymphangioma caused by surgery.

REFERENCES

- 1 **Mei Y**, Peng CJ, Chen L, Li XX, Li WN, Shu DJ, Xie WT. Hemolymphangioma of the spleen: A report of a rare case. *World J Gastroenterol* 2015; **21**: 5442-5444 [PMID: 25954120 DOI: 10.3748/wjg.v21.i17.5442]
- 2 **Li Y**, Zhang X, Pang X, Yang L, Peng B. Occipitocervical Hemolymphangioma in an Adult with Neck Pain and Stiffness: Case Report and Literature Review. *Case Rep Med* 2017; **2017**: 7317289 [PMID: 29362566 DOI: 10.1155/2017/7317289]
- 3 **Pan X**, Dong Y, Yuan T, Yan Y, Tong D. Two cases of hemolymphangioma in the thoracic spinal canal and spinal epidural space on MRI: The first report in the literature. *Medicine (Baltimore)* 2017; **96**: e9524 [PMID: 29384961 DOI: 10.1097/MD.00000000000009524]
- 4 **Teng Y**, Wang J, Xi Q. Jejunal hemolymphangioma: A case report. *Medicine (Baltimore)* 2020; **99**: e18863 [PMID: 31977886 DOI: 10.1097/MD.00000000000018863]
- 5 **Zhang Z**, Ke Q, Xia W, Zhang X, Shen Y, Zheng S. An Invasive Hemolymphangioma of the Pancreas in a Young Woman. *Comb Chem High Throughput Screen* 2018; **21**: 798-800 [PMID: 30605051 DOI: 10.2174/1386207322666190103110747]
- 6 **Damascelli B**, Spagnoli I, Garbagnati F, Ceglie E, Milella M, Masciadri N. Massive lymphorrhoea after fine needle biopsy of the cystic haemolymphangioma of the liver. *Eur J Radiol* 1984; **4**: 107-109 [PMID: 6734606]
- 7 **Daudet M**. [Reflections apropos of a case of hepatic hemolymphangioma of the infant. Operation recovery]. *Pediatric* 1965; **20**: 445-451 [PMID: 5843368]
- 8 **Hu HJ**, Jing QY, Li FY. Hepatic Hemolymphangioma Manifesting as Severe Anemia. *J Gastrointest Surg* 2018; **22**: 548-549 [PMID: 29043577 DOI: 10.1007/s11605-017-3577-9]
- 9 **Figuerola RM**, Lopez GJ, Servin TE, Esquinca MH, Gómez-Pedraza A. Pancreatic hemolymphangioma. *JOP* 2014; **15**: 399-402 [PMID: 25076353 DOI: 10.6092/1590-8577/2649]
- 10 **Chen G**, Cui W, Ji XQ, Du JF. Diffuse hemolymphangioma of the rectum: a report of a rare case. *World J Gastroenterol* 2013; **19**: 1494-1497 [PMID: 23538679 DOI: 10.3748/wjg.v19.i9.1494]
- 11 **Mao CP**, Jin YF, Yang QX, Zhang QJ, Li XH. Radiographic findings of hemolymphangioma in four patients: A case report. *Oncol Lett* 2018; **15**: 69-74 [PMID: 29285187 DOI: 10.3892/ol.2017.7268]
- 12 **Ohsawa M**, Kohashi T, Hihara J, Mukaida H, Kaneko M, Hirabayashi N. A rare case of

- retroperitoneal hemolymphangioma. *Int J Surg Case Rep* 2018; **51**: 107-111 [PMID: [30149326](#) DOI: [10.1016/j.ijscr.2018.08.030](#)]
- 13 **Pan L**, Jian-Bo G, Javier PTG. CT findings and clinical features of pancreatic hemolymphangioma: a case report and review of the literature. *Medicine (Baltimore)* 2015; **94**: e437 [PMID: [25621699](#) DOI: [10.1097/MD.0000000000000437](#)]
- 14 **Qian LJ**, Zhu J, Zhuang ZG, Xia Q, Liu Q, Xu JR. Spectrum of multilocular cystic hepatic lesions: CT and MR imaging findings with pathologic correlation. *Radiographics* 2013; **33**: 1419-1433 [PMID: [24025933](#) DOI: [10.1148/rg.335125063](#)]
- 15 **Kosmidis I**, Vlachou M, Koutroufinis A, Filiopoulos K. Hemolymphangioma of the lower extremities in children: two case reports. *J Orthop Surg Res* 2010; **5**: 56 [PMID: [20704732](#) DOI: [10.1186/1749-799X-5-56](#)]
- 16 **Zhang DY**, Lu Z, Ma X, Wang QY, Sun WL, Wu W, Cui PY. Multiple Hemolymphangioma of the Visceral Organs: A Case Report and Review of the Literature. *Medicine (Baltimore)* 2015; **94**: e1126 [PMID: [26166115](#) DOI: [10.1097/MD.0000000000001126](#)]



Published by **Baishideng Publishing Group Inc**
7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA

Telephone: +1-925-3991568

E-mail: bpgoffice@wjgnet.com

Help Desk: <https://www.f6publishing.com/helpdesk>

<https://www.wjgnet.com>

