Oesophageal vascular anomalies

To the Editor—With regard to Rasalkar et al's recent publication, "Oesophageal haemangioma: imaging characteristics of this rare condition",[1] some considerations must be stated. Accurate diagnosis of oesophageal haemangiomas remains a challenge for physicians. Confusing terminology, lack of knowledge regarding the lesion's behaviour, and poorly understood diagnostic criteria are the rules. Despite distinct clinical, radiological and histological findings, vascular anomalies of the digestive tract are often confused. This complicates both patient care and the interpretation of the medical literature. At their cutaneous locations, the most common misdiagnosis/mismanagement of visceral vascular anomalies results from the use of the term 'haemangioma' to mean venous malformation. This misconception can easily lead to incorrect triaging and mistreatment. In 1996, the International Society for the Study of Vascular Anomalies (ISSVA) approved a classification system in order to establish a common language for the many different medical specialists involved in the management of these lesions. A wide variety of vascular anomalies are incorrectly referred to as 'haemangiomas' in the medical literature. The natural history of haemangiomas has been well documented. They are benign solid tumours proliferating at a rapid rate in the first 6 months of life and involuting before puberty. Disappearance occurs progressively, and the lesion is replaced by fibrofatty tissue by 10 years of age. The histopathology of haemangiomas is characterised by cellular markers known as GLUT-1 (glucose transporter 1), which are found in these lesions at all phases of development and can be extremely helpful in their differentiation from other vascular tumours and malformations. After careful analysis of this case report and according to the current ISSVA classification, we support the diagnosis of oesophageal venous malformation and not haemangioma, for the presented disorder.

Although bleeding is the most common symptom of both oesophageal haemangiomas and venous malformations, the treatment differs.[2] Pharmacological angiogenesis inhibition with propranolol is the mainstay of haemangioma therapy. Endoscopic vascular obliteration is extremely useful in treating the much more common venous malformations. There is no indication for endoscopic sclerotherapy for oesophageal haemangiomas, although it is clearly the first treatment option for oesophageal venous malformations.[3] Oesophagectomy should be reserved as a life-saving procedure when bleeding is out of control, despite several sclerosis attempts.

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