Capillary cavernous hemangioma (CCH) of the lymph node is extremely rare. Only 18 cases of CCH have been reported in the English literature [1-8]. The author reports an additional case of lymph node CCH. This CCH was incidentally found.

A 59-year-old woman underwent simple hysterectomy, bilateral salpingo-oophorectomy, and extensive lymph nodes dissection for endometrial endometrioid adenocarcinoma. She was negative for HIV. A total of 63 lymph nodes were dissected. One lymph node (left common iliac lymph node) showed tumorous aggregation of dilated capillaries (Figure 1A). The lesion of capillary was 0.2 x 0.3 cm. The capillaries were composed of a layer of endothelial cells (Figure 1B). Many red blood cells were seen in the dilated capillaries (Figure 1A and 1B). No atypia was noted. The HE diagnosis was CCH. Gram and Warthin-Starry techniques revealed no microorganisms. An immunohistochemical study was performed with the use of Dako Envision method as previously reported [9, 10]. The capillaries were positive for factor VIII-related antigen (Figure 1C), CD31 (Figure 1D), and CD34. They were negative for pancytokeratins (AE1/3, CAM5.2), p53, D2-40, and Ki-67 (labeling index=0%). Thus, the immunohistochemical data indicated that the lesion was CCH. Other 62 lymph nodes were negative for metastasis, and showed no significant changes. The operation was successful.

The vascular tumors and tumor-like conditions of the lymph nodes include CCH, lymphangioma, epithelioid vascular neoplasms, bacillary angiomatosis, vascular transformation of the sinuses, and Kaposi’s sarcoma [11]. The present case is different from lymphangioma because the present tumor contained many blood cells and the present tumor was negative for D2-40. The present tumor is not epithelioid vascular neoplasm because the present tumor did not show epithelioid features. The current tumor is not bacillary angiomatosis because the present tumor lacked microorganisms and the patient was negative for HIV. The current case was not vascular transformation and Kaposi’s sarcoma, histologically and immunohistochemically.

In conclusion, the author presented an extremely rare case CCH of the lymph node.

Conflict of interest statement
The author has no conflict of interest.

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References
Hemangioma of lymph node


Figure 1. A: Low power view of the lymph node. Proliferation focus of dilated capillaries is seen. HE, x10. B: High power view. The dilated capillaries are composed of a later of endothelial cells. Many red blood cells are seen in the lumens. HE, x200. C: The capillaries are positive for factor VIII-related antigen. Immunostaining, x200. D: The capillaries are positive for CD31. Immunostaining, x200.