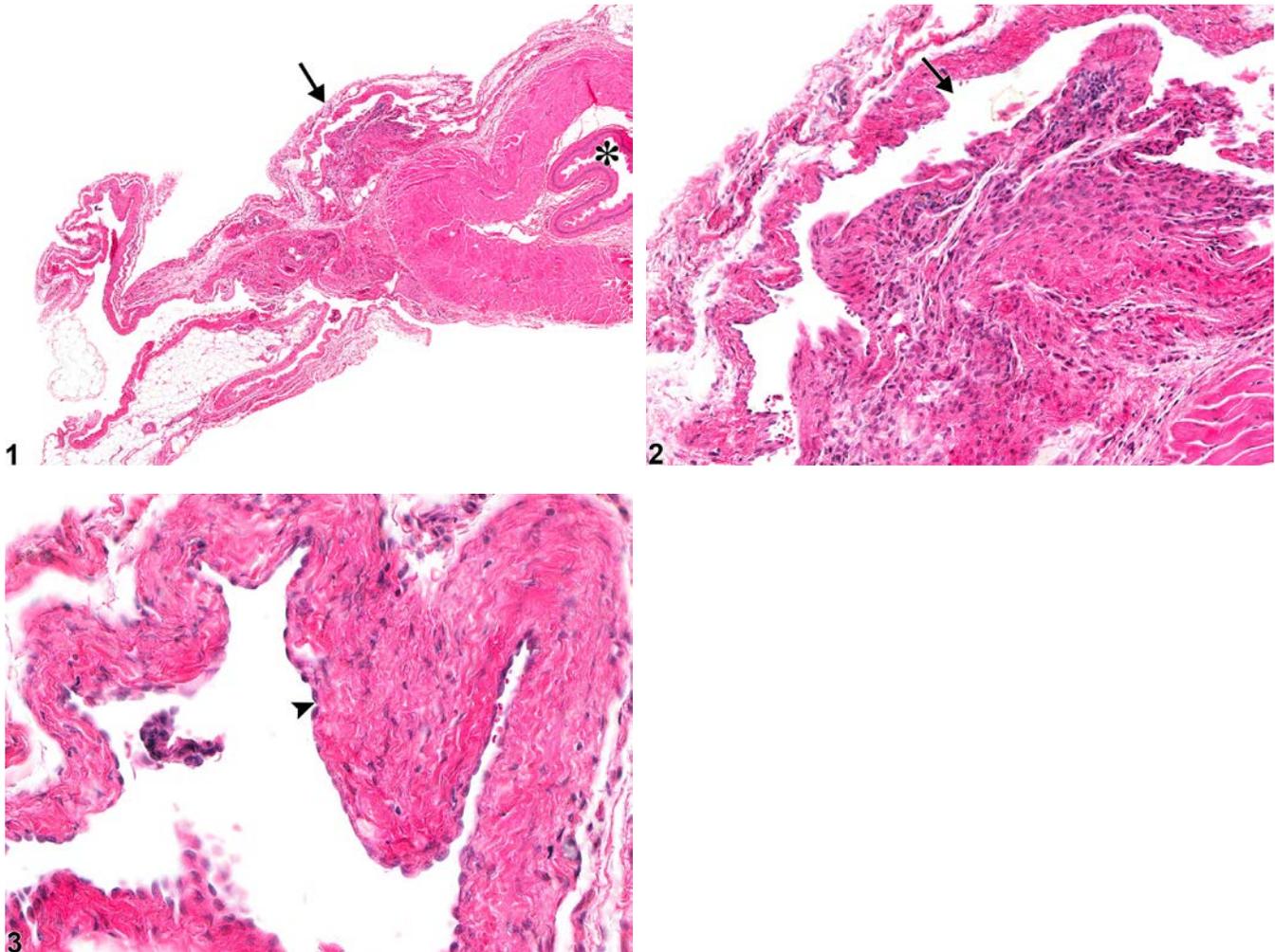




# NTP Nonneoplastic Lesion Atlas

## *Esophagus - Angiectasis*



**Figure Legend:** **Figure 1** Esophagus - Angiectasis in a female F344/N rat from a chronic study. Dilated vascular spaces (arrow) are visible in the wall of the esophagus (asterisk). **Figure 2** Esophagus - Angiectasis in a female F344/N rat from a chronic study (higher magnification of Figure 1). Dilated vascular spaces (arrow) are visible in the wall of the esophagus. **Figure 3** Esophagus - Angiectasis in a female F344/N rat from a chronic study (higher magnification of Figure 1). The dilated vascular spaces are lined by unremarkable endothelial cells (arrowhead).

**Comment:** Angiectasis (vascular ectasia) is primarily a spontaneous, age-related lesion that can also be a response to chemical injury. Angiectasis consists of widely dilated vascular spaces, especially capillaries (or sinusoids) and venules, that are lined by unremarkable endothelial cells. The number of



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vessels is not altered, and there are no changes in the stroma of the organ. A distinction between angiectasis and hemangioma should be attempted, although the difference between angiectasis and hemangioma is sometimes not obvious. Hemangiomas tend to be well-circumscribed unencapsulated masses composed of tightly packed dilated vascular spaces. Each vascular space is enclosed and lined by a single layer of normal-appearing endothelial cells aligned on collagenous septa, which are usually thin, although some have broad collagenous stromata. Angiectasis does not usually present as a well-circumscribed mass, as the dilated vascular channels are often irregularly coursing through connective tissue.

**Recommendation:** Angiectasis should be diagnosed and given a severity grade based on the extent of the lesion.

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