Original Research Paper

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General Surgery

A RARE CASE OF MESENTERIC LYMPHANGIOMA IN ADULT PATIENT

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ABSTRACT Lymphangiomas are uncommon and occur mostly in children. Lymphangioma is a benign condition characterized by proliferation of thin walled lymphatic spaces. It is believed to result from congenital lymphatic malformation rather than a true lymphatic neoplasm. Lymphangioma in peritoneum is rare. Following is a case report for Mesenteric lymphangioma in adult patient which is very rare. The usual presentation is abdominal pain and distension but it can vary. Complications include Perforation, Haemorrhage, Obstruction and Volvulus. Treatment is surgery which includes excision. Prognosis is very good.

KEYWORDS : lymphangioma, mesentry, enucleation

Introduction:
Lymphangioma is a benign condition characterized by proliferation of thin walled lymphatic spaces. It is commonly found in head and neck. Small bowel mesentery lymphangioma is rare representing less than 1% of all lympangiomas.

Case report:
A 43 year female presented with complaint of abdominal pain since 1 month which was dull aching, continuous, with no specific aggravating factors and abdominal lump since 20 days.

Patient was vitally stable. On perabdomen examination, approx 5x5cm mobile lump palpable in infraumbilical region. Rest NAD.

Investigations:
CXR, AXR: No abnormality noted.

USG (A+P): Approx 37x53x57 mm sized multiloculated cystic lesion with thick internal septation showing septal vascularity in left lumbar region and paramedian location at level of aortic bifurcation. s/p/o neoplastic mass lesion.

CECT (A+P): A well defined complex, multiloculated septated retroperitoneal cystic lesion of size 59x41x67mm is seen lying just anterior to the aortic bifurcation with well preserved fat planes. The lesion shows mild wall enhancement and mild enhancement in the internal septae. Few septae are thick and irregular. Findings are suggestive of a cystic neoplastic lesion most likely.

Management:
On diagnostic laproscopy, approx 6x5cm reddish hue mass present at root of mesentry without any adhesions to omentum or bowel.

Exploratory laprotomy done: approx 6x5x4cm yellowish red cystic mass present at root of mesentry, no adhesions to omentum or small bowel infiltration present. Small and large bowel found normal. Enucleation of lymphagioma mass done from root of mesentry. Mesentry closed by vicyl 2-0.

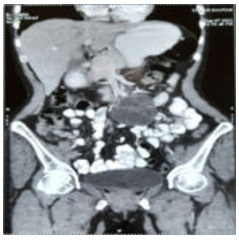
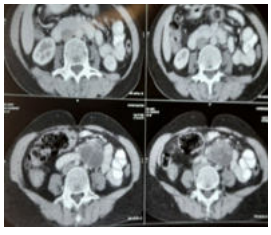
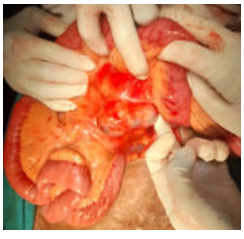
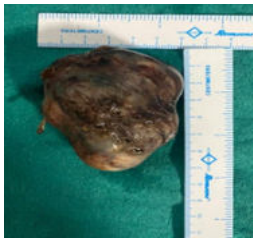
Postop: Postoperative period was uneventful. Oral diet started on day 2. No further complaints.

Histopathology: Gross: Approx 6.5x5.5x3cm with solid and cystic components. Microscopic examination shows histology of lymphangioma.

Discussion:
Lymphangiomas are uncommon and occur mostly in children.Lymphangioma is a benign condition characterized by proliferation of thin walled lymphatic spaces. It is believed to result from congenital lymphatic malformation rather than a true lymphatic neoplasm. Lymphangioma are of three types: 1.Capillary(Simple): usually originates in the skin and consists of uniform thin walled lymphatic spaces. 2. Cavernous: composed of various sizes of dilated lymphatic spaces associated with lymphoid stroma and shows a connection with adjacent normal lymphatic spaces. 3. Cystic: consist of dilated lymphatic spaces of various sizes associated with collagen and smooth muscle bundles in the stroma but lacks connection to the normal lymphatic spaces. In this case report, histology is characteristic of cystic lymphangioma. Approx 90% are diagnosed within first year of life and adult cases are rare. Intraperitoneal lymphangiomas are rare and mesentery is the most common site for it. They are usually asymptomatic until they enlarge. Abdominal pain and distension are most common presenting symptom. However presentation varies. Complications involve secondary infection, rupture, haemorrhage, volvulus and intestinal obstruction.

Conclusion:
Mesenteric lymphangiomas are rare but can cause complications. Excision or enucleation of lymphangioma is optimal treatment. Prognosis is good. If bowel infiltration is present then resection and anastomsis of bowel is required.

Photos:

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