ORIGINAL RESEARCH PAPER
Volume-8 | Issue-9 | September - 2019 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

A CASE REPORT: INTRAABDOMINAL CYSTIC LYMPHANGIOMA

General Surgery

Dr Jayesh V Parikh MS, Associate Professor, Department of General Surgery, B.J Medical College, Ahmedabad

Dr Parth R Dalal MS, Assistant Professor, Department of General Surgery, B.J Medical College, Ahmedabad

Dr Disha H Sadarani* 3rd Year Resident, Department of General Surgery, B.J Medical College, Ahmedabad
*Corresponding Author

ABSTRACT

Lymphangiomas are rare cystic tumors of the lymphatic system. They are benign, slow growing lesions characterized by proliferating lymphatic vessels. They most commonly affect neck and axilla (90%). Intraabdominal cases are rare (5%) and retroperitoneal cases are very rare (1% only)
A 24 years old female presented with right abdominal pain and investigated for same. CECT A+P suggesting retroperitoneal lymphangioma or mesothelioma. Cytology s/o lymphangioma. Surgical exploration done and excision of retroperitoneal cyst done.

KEYWORDS

INTRODUCTION

- Lymphangiomas are rare cystic tumors of the lymphatic system.
- They are benign, slow growing lesions characterized by proliferating lymphatic vessels.
- Types: capillary hemangioma cavernous hemangioma.
- They are thought to represent isolated and sequestered segments of the lymphatic system that retain the ability to produce lymph.
- As the volume of lymph inside the cystic tumor increases, they grow larger within the surrounding tissues.
- Most of these benign tumors are present at birth and early childhood.
- But when it has presented in an adult it is worthy to report a case.
- They most commonly affect neck and axilla (90%)

Intraabdominal cases are rare (5%) and retroperitoneal cases are very rare (1% only)

CASE REPORT

- A 24 year old female presented with complain of right abdominal pain for 2 months. Patient was relatively asymptomatic before 2 months, and then she developed right upper abdominal pain which is dull, intermittent radiating to back and relieved by medication.
- No h/o vomiting, yellowish discoloration of sclera, burning maturation, constipation, loss of appetite and weight loss.
- She had no co-morbid illness and no previous surgery.
- Personal and menstrual history was not significant.On general examination, patient was well built and well nourish. Vital within normal limit. No sign of jaundice, anemia, cyanosis, clubbing, oedema, lymphadenopathy.
- Abdominal examination:

There is fullness present in right side of abdomen.

there is approximately 20*15 cm sized mass palpable extending from right side costal margin up to pelvis and up to midline which is soft nontender illdefined mobile but dose not move with respiration
Investigations

- Hb – 9.5 Tc - 7000
- PT - 12.7 ; INR - 1.16
- Total bilirubin - 0.5 ; ALP - 70
- Total protein – 6.5 ; Albumin - 4.2
- Na - 133.70 ; K - 4.0 ; Creat. - 1.05 ; Urea - 20.70
- CXR and AXR: NAD
- USG A+P:

An 11*14*17 cm well-defined lesion enchoic with internal septations is noted in right lumber region extending to right illiac fossa p/o lymphangioma

- CECT A+P:

15*12*22 cm sized fluid density lesion is noted involving right side of abdomen cavity in retro peritoneum. Lesion abuts adjacent anterior and lateral abdominal wall with loss of fat plane.

- Lesion abuts head of pancreas and displaces it to left side.Lesion abuts and displaces adjacent bowel loops. Lesion encases ivc and right renal vein. Lesion abuts inferior surface of liver p/o Lymphangioma.

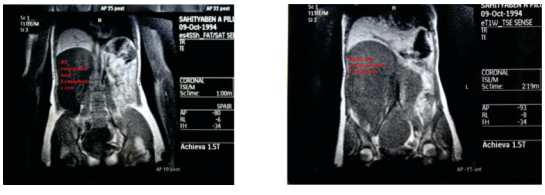

Figure CECT Abdomen+plevis

- MRI A+P:

Retroperitoneal complex cystic mass lesion with enhancing internal septations with abutments and mass effects s/o lymphangioma more likely, less likely retroperitoneal cystic mesothelioma

- USG guided Fluid Cytology:

Scattered lymphocytes, macrophages and mesothelial cells in proteinaceous background and negative for malignant cells.

Treatment

- Under GA, 20 cm long right paramedian skin incision made
- Skin, sc cut. Sheath opened. Peritoneum opened
- Approximately 30*15*12 cm sized bluish smooth shiny unilocular cystic mass lesion present in right side of abdomen extending from above inferior surface of liver upto pelvis and extends upto lateral abdominal wall.Intraoperative

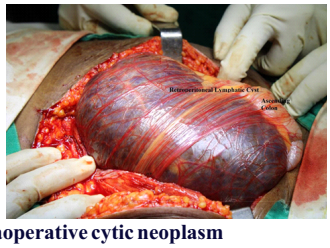

Figure 2. Intraoperative cytic neoplasm

- Cyst encases ivc, right renal artery and vein, right kidney and ureter and right adrenal gland. All these vital structures are safeguarded.

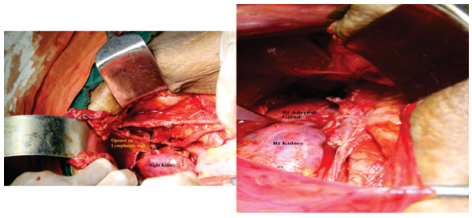

Figure intraoperative vital structures

HISTOPATHOLOGY

- Histopathology suggests Cavernous Lymphangioma.
- Microscopic Examination:

large irregular vascular spaces lined by flattened epithelial cells with stroma containing lymphocytes.

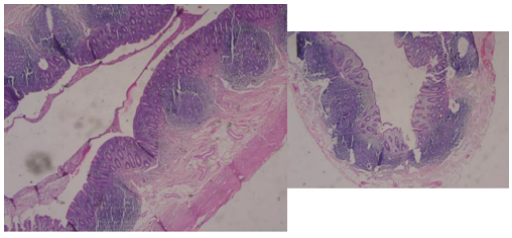

Figure histopathology

DISCUSSION

- Retroperitoneal lymphangiomas are developmental abnormalities of the lymphatics and always benign.
- It is due to an abnormal connection between the iliac and retroperitoneal lymphatic sacs and venous systems leading to lymphatic fluid status in the sacs.
- They usually present a diagnostic dilemma, as there are no definitive diagnostic tests.
- The most common clinical manifestation is that of a slowly enlarging abdominal mass and pressure on adjacent organs.
- CT and MRI are useful but not

Confirmative. Histology is confirmative

- Treatment is operative.
- Surgical approach is Simple total excision to avoid super infection, progressive growth, rupture and bleeding.
- Cyst enterostomy or marsupialization is obsolete.
- Recurrence is common with incomplete removal.
- Excellent prognosis with complete excision.

REFERENCES

1. Kopicky Lauren, Humenansky Kayla, Gitzelmann Christopher, Gulati Raj. Intraabdominal cystic lymphangioma. J Pediatr Surg Case Rep November 2017;26:32–4.
2. Chateil JF, Brun M, Vergnes P, Andrieu de Lewis P, P_erel Y, Diard F. Abdominal cystic lymphangiomas in children: presurgical evaluation with imaging. Eur J Pediatr Surg 2002;12:13e8.
3. Hancock BJ, St-Vil D, Luks FI, Di Lorenzo M, Blanchard H. Complications of lymphangiomas in children. J Pediatr Surg 1992;27:220e4.
4. Olivieri C, Nanni L, De Gaetano A, Manganaro L, Pintus C. Complete resolution of retroperitoneal lymphangioma with a single trial of OK-432 in an infant. Pediatr Neonatol 2013;57(3):240e3.
5. Steyaert H, Guitard J, Moscovici J, Juricic M, Philippe V, Juskiewenski S. Abdominal cystic lymphangiomas in children: benign lesions that can have a proliferative course. J Pediatr Surg 1996;31(5):677e80.
6. Prehal M, Hager J, Haeussler B, Mueller T, Maurer K, Rauchenzauner M, et al. Intraabdominal cystic lymphangiomas in children: a single center experience. Int J Clin Pediatr 2014;3(3):89e93.
7. Luo CC, Huang CS, Chao HC, Chu SM, Hsueh C. Intra-abdominal cystic lymphangiomas in infancy and childhood. Chang Gung Med J 2004;27:509e14.
8. Muramori K, Zaizen Y, Noguchi S. Abdominal lymphangioma in children: report of three cases. Surg Today 2009;39:414e7.
9. Levy AD, Cantisani V, Miettinen M. Abdominal lymphangiomas: imaging features with pathologic correlation. Am J Roentgenol 2004;182:1485e91.