



Cystic Lymphangioma – Report of Atypical Case in Adult Female

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ABSTRACT

Lymphangioma are uncommon lesion of lymphatic channels that are often present at birth and diagnosed mostly (90%) before the age of two years. lymphangiomas are mainly seen in neck. We report a case of cystic lymphangioma in 45 years female patient which was successfully resected with a postoperative favorable outcome.

KEYWORD- cystic lymphangioma, adult, surgery.

INTRODUCTION

Lymphangiomas are uncommon lesion of lymphatic channels lymphangiomas are mainly seen in neck, axilla, and mediastinum⁽¹⁾.cystic lymphangiomas (90%) seen before the age of two years. The lesion constitute 6% of all benign tumor of childhood⁽²⁾. Lymphangiomas occurs rarely in adult and few cases are noted till now ^(2, 3). trauma or infection are responsible for their pathogenesis^(4, 5).

CASE REPORT

45 year female patient came to the OPD with complaints of a swelling in the right supraclavicular region since 40 years. 8*6 cm swelling visible in right supraclavicular region in the posterior triangle of the neck. There was no fever no regional lymphadenopathy. Lab investigations were as follows-Hb-11.4gm%,TLC-4600/cumm of blood, polymorphs-60%, lymphocytes-30%, ESR-18mm/hour, Random blood sugar-88mg/dl,liver and renal profile WNL,

chest x-ray PA view was within normal limit. Tattoo marks were noted over the swelling, swelling was soft, non tender, transilluminated and mildly compressible. Skin over swelling is pincheble, swelling

Swelling was mobile in all directions.USG neck and MRI neck-well defined thin walled unilocular thin walled oval shaped altered signal intensity lesion with its extent 5.4/4.6/4.8. swelling in right supraclavicular region causing a bulge of overlying skin situated anterior to trapezius muscle lateral to sternocleidomastoid lower border posterior to middle third clavicle superior to inferior belly of omohyoid muscle. Intraoperative finding was cystic swelling which was excised and sent for HPE. corrugated drain were kept in situ in the cavity. Procedure was uneventful HPE report suggestive of endothelial lined lymphatic spaces are seen intervening fibrous tissue and lymphoid aggregates. Finding suggestive of cystic lymphangioma.

DISCUSSION

lymphangiomas are rare and occurs mainly in childhood⁽²⁾. cystic lymphangioma or cystic hygroma is a low flow vascular malformation. where lymph sacs are separated from venous drainage system⁽⁶⁾. lymphangiomas has been classified into three groups-Lymphangioma simplex, Cavernous lymphangioma, Cystic hygroma^(7,8). Cystic lymphangioma appears in the neck, axilla, and rest in mediastinum, retroperitoneum, pelvis and chest wall⁽¹⁾. patient with lymphangioma of the neck and mediastinum are usually asymptomatic but they may present chest pain, cough, dyspnea, dysphagia, vascular compression syndromes^(9,10). The diagnosis of cystic lymphangiomas either with USG and CT as well as with MRI is to be done^(9,10). FNAC may be helpful in exclusion of malignancy⁽¹¹⁾. complete surgical resection is usually the treatment of choice for cystic lymphangioma⁽¹¹⁾. other type of treatment have been proposed as adjuvant such as radiotherapy and injection of sclerosant agents but they are controversial⁽¹²⁾. meticulous surgical excision is treatment of choice however a few local recurrences, fistula malformation or injection have been reported⁽¹⁾. adult lesions have lower recurrence rates after complete excision⁽¹³⁾.

CONCLUSION

Lymphangioma is benign tumor provided that in our case tumour is completely resected. A good prognosis is achieved and there is no complication. The treatment of choice is complete surgical removal, with lesion recurrence in 21-88%. This study is worth reporting due to rareness of cystic lymphangioma in adult.



PREOPERATIVE



INTAROPERTAIVE



POSTOPERTIVE

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