Unilocular Cystic Lymphangioma of Thigh—An Extremely Rare Clinical Entity

Sudhir Kumar Thakur

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Abstract Majority of cystic lymphangiomas are multilocular and occur in neck and axilla. The cystic lymphangioma is also known as cystic hygroma. Unilocular cystic hygroma of neck and breast have been reported in literature and have been termed hydrocele of neck and breast respectively. However unilocular cystic hygroma of thigh is probably being reported for the first time.

Keywords Lymphangioma · Cystic hygroma · Hydrocele of thigh

A 7 year old boy was brought to us with swelling on left upper and inner aspect of thigh for the last 4 years. On examination the swelling was spherical in shape. The size was roughly 4 cm in diameter (Fig. 1). The skin over the swelling was healthy with no venous prominence. There was no visible pulsation. It was mobile with well defined margin and smooth surface. The fluctuation was present and it was brilliantly transilluminant (Fig. 2). There was no history of trauma. His Hb was 12G/dL, TLC 6800/cmm P49, L41, E09, BT 2 min 10 sec CT 4 min 10 sec. His CXR was within normal limit. The U/S showed 5×4 cm cystic lesion. There was no evidence of any septum inside the cavity. The FNAC was inconclusive. However clear fluid was aspirated from the cyst. The cyst was excised with ease under general anaesthesia. The major portion was subcutaneous with mild adhesion with underlying muscles. It was sent for histopathological examination which subsequently proved to be a lymphangioma.

Fig. 1 Clinical photograph showing the swelling of 4 cm diameter on L upper and medial aspect of thigh

Fig. 2 Clinical photograph showing brilliantly translucent nature of the swelling

S. K. Thakur (✉)
Santosh Medical College,
Ghaziabad, India
e-mail: thakur_sk@rediffmail.com

Discussion

Lymphangiomas are the lymphatic analogue of the haemangioma of blood vessels and are congenital. They are thought to represent isolated and sequestered segments of the lymphatic system and retain the ability to produce lymph [1]. Three types of lymphangiomas can occur-cystic, capillary and cavernous [2]. Cystic type is also known as cystic hygroma and is most common. It consists of lymph filled spaces with thin wall septum and some areas of fibrosis. It is macrocystic lesion and is multilobular, multilocular and brilliantly transilluminant. Majority [75%] of cystic hygroma occur in neck. Axilla is the next site of election [20%]. The cheek, axilla, groin and mediastinum are other less frequent sites for a cystic hygroma [3]. When the cystic hygroma of neck is unilocular it is termed as hydrocele of the neck [4]. Likewise hydrocele of the breast has also been described. So far very few cases of classical congenital cystic hygroma [lymphangioma] of thigh have been reported. However few cases of traumatic cystic hygroma have also been reported in literature [5]. No case report of unilocular

cystic hygroma could be found in the literature even after extensive search on net. We are of the view that it can be better termed as hydrocele of thigh. The treatment is surgical excision which although frequently incomplete is rarely associated with recurrence.

Sclerotherapy is also helpful.

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