CASE REPORT

Mesenteric cystic lymphangioma mimicking malignancy

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SUMMARY

Mesenteric cystic lymphangiomas are benign tumours arising from the mesentery, and have no known aetiology. Patients might be discovered incidentally to have asymptomatic mesenteric cysts, or they can present with symptoms such as pain, nausea and vomiting. A 27-year-old man presented with vague abdominal pain, loss of appetite, postprandial fullness and significant weight loss. There was no lymphadenopathy, and abdominal examination was unremarkable. CT showed a mesenteric mass and a diagnosis of abdominal lymphoma was suggested. There was no evidence of pulmonary tuberculosis on chest X-ray and the purified protein derivative test was negative. On laparotomy, a 5×9×7 cm sessile cyst containing thick white fluid and arising from the ileal mesentery was found and completely removed. Histopathology proved a diagnosis of mesenteric cystic lymphangioma. The patient made uneventful recovery, and was asymptomatic on clinical follow-up after 6 weeks.

BACKGROUND

Mesenteric cystic lymphangiomas are rare benign tumours. The majority occur in paediatric patients.¹ The presentation can vary. They can be found incidentally, or present with abdominal discomfort, nausea and vomiting. Rarely, acute abdomen may be the sole and first presentation.² We are reporting this case to highlight how a benign disease can mimic cancer, clinically and radiologically.

CASE PRESENTATION

A 27-year-old man presented with vague abdominal pain, loss of appetite and postprandial fullness. This was associated with weight loss of 6 kg over a few months. There were no respiratory symptoms and his medical history was unremarkable. On examination, there was no lymphadenopathy and chest and abdominal examinations were normal.

INVESTIGATIONS

- Full blood count and biochemical profile were within the normal range.
- Chest X-ray and purified protein derivative test for tuberculosis were negative.
- CT showed a mass arising from the small bowel mesentery (figure 1). The mass had a soft tissue density. The appearance resembled that of mesenteric lymph nodes matted together. Abdominal lymphoma was the main suspected diagnosis.

DIFFERENTIAL DIAGNOSIS

- Abdominal lymphoma.
- Secondary metastasis from unknown primary.
- Tuberculosis.
- Small bowel adenocarcinoma.
- Rare mesenteric tumours (eg, desmoid, schwannomas, smooth muscle tumours and sarcomas).
- Mesenteric cyst.

TREATMENT

On exploratory laparotomy, there was a sessile cystic mass attached to the ileal mesentery. It was yellowish in colour, measuring about 5×9×7 cm and contained thick milky fluid. There were no features to suggest a malignant disease. A careful dissection of the cyst was carried out and it was removed in toto. This involved a very limited small bowel resection, followed by primary anastomosis.

Histological examination revealed findings that were consistent with a cystic lymphangioma.

OUTCOME AND FOLLOW-UP

Postoperatively, the patient made an uneventful recovery. He was asymptomatic on follow-up examination 6 weeks later.

DISCUSSION

Mesenteric cystic lymphangiomas are very rarely seen in surgical practice, with a frequency of less than 1 in 100 000 of hospital admissions.³ They are rare in adults and occur mainly in paediatric patients. About 80–90% occur in the first few years of life.⁴

The aetiology is unknown. However, some believe it might be due to abnormal development of the lymphatic system during the embryonic stage.⁵

They can be found at any part of the body except the brain.³ They are usually located in the neck and

Figure 1 The lesion demonstrated in a preoperative CT.

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axilla (95%). Less than 1% affects the mesentery, greater omentum and retroperitoneum.²

The presentation of Mesenteric cystic lymphangiomas varies. Abdominal pain and distension seem to be the most common symptoms.⁶ They can also present with complications that result from compressing adjacent structures; acute abdomen due to cystic haemorrhage; and rupture or torsion, which can sometimes be difficult to differentiate from acute appendicitis or bowel obstruction.⁷ Some can also be mixed with neoplastic lesions due to the florid and acute inflammatory changes that can mimic malignancy.⁸

In this reported case, the presentation mimicked malignancy because of the weight loss and features on the CT scan. This required a diagnostic laparotomy to reach a diagnosis.

The intraoperative decision-making was straightforward. The lesion looked benign and it was felt that a limited resection

would suffice—particularly in view of a limited vascular involvement and the easy dissection of the lesion.

The treatment of this condition is surgical, although it can be sometimes be quite challenging, even impossible, to resect the cyst completely due to adhesions with the surrounding structures.

If removing a cyst would require removal of a vital organ or structure, marsupialisation may be an alternative.⁹

Contributors The case report was written up by KH. OAS has reviewed the draft and provided feedback and suggested changes.

Competing interests None.

Patient consent Obtained.

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Learning points

- Benign disease can mimic malignancy and sometimes laparotomy is the only means of reaching a definite diagnosis.
- Intraoperative decision-making about the extent of resection depends on the gross appearance of the lesion and the degree of vascular involvement.
- Mesenteric lymphangiomas should be included in the differential diagnosis in abdominal pain.

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