Intra Abdominal Cystic Lymphangioma in an Adult

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Introduction

Lymphangiomas are benign abnormal lymphatic channels appearing most commonly in head and neck region in newborns and adults [5]. Intra abdominal lymphangiomas are rare in adult population [2]. They may present at rare and uncommon sites e.g. mesentery, omentum, mesocolon and retroperitoneum [9]. Clinical presentation is variable and misleading, hence complex imaging studies are required in their evaluation [6]. This paper reports a case of abdominal cystic lymphangioma in an adult male. We report this case because of its rarity and variable clinical presentations.

Case Report

A 45 years male patient presented with history of gradual distension of abdomen since four months. He also had weight gain of 10-12 kg over two months. His abdomen became painful and significantly enlarged during last two weeks. He had respiratory distress, which was relieved by knee elbow position (kneeling forward). He reported no change in appetite or bowel habits. There was no history of nausea, vomiting or malena. On physical examination, abdomen was tense and markedly distended, with mild tenderness on palpation. There was no fluid thrill or shifting dullness. A diagnostic paracentesis was performed and it revealed serous fluid. The routine investigations were within normal limits.

Plain abdominal radiograph revealed soft tissue mass with bowel displaced on left side. The ultrasonography (USG) study of abdomen showed large multiseptate cystic lesion extending from epigastric to pelvic region. On surgical exploration, a large cystic mass occupying majority of abdomen was found (Fig. 1). The lesion was arising from lesser sac and reaching up to the rectovesical pouch. Excision of cyst was done and specimen was sent for histopathology. The histopathology confirmed it as cystic lymphangioma showing thin walled cyst lined by single layer of endothelial cells (Figs. 2 & 3).

Discussion

Abdominal cystic lymphangiomas are extremely rare

conditions affecting both paediatric and adult population [5]. Their clinical presentation is variable and misleading depending upon the site of involvement [9]. Hence complex imaging studies such as USG and computerized tomography (CT) are used in their evaluation [6].

Depending upon size of cysts [5], they are classified as: Macrocytic, Microcystic and Mixed. Histopathologically a lymphangioma is composed of thin walled cysts lined by single row of flat endothelial cells. They also contain fibrous tissue, smooth muscles and aggregates of lymphoid tissue [1]. Complications of lymphangiomas include volvulus, intestinal obstruction, and haemorrhage or secondary infection [7].

Various modalities of treatment include surgical excision, sclerotherapy, radiation therapy [8] and

Fig. 1: Intra operative photograph of abdominal cystic lymphangioma

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Fig. 2 : Microscopic photograph showing thin walled cyst with diffuse lymphocytic infiltration (120X)

chemotherapy [10]. Surgical excision has been considered as the treatment of choice for abdominal cystic lymphangiomas [4]. Complete resection is ideal treatment and has an excellent prognosis, but incomplete resection may lead to recurrence [4]. Hence follow up imaging with ultrasonography (USG) is advised. Recurrence is managed with sclerotherapy using doxycycline [3], alcoholic solutions of zein or with OK-432 [3], which is lyophilized biological preparation containing cells of group A streptococci.

Conflicts of Interest

None identified

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Fig. 3 : Microscopic photograph showing fibrovascular cyst wall lined by single layer of endothelial cells (Haematoxylin & Eosin 400X)

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