Cystic Lymphangioma with Special Reference to Rare Sites

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Abstract. A 10 year retrospective study of 45 cases of cystic lymphangioma (CL) in children is presented. There were 25 females and 20 males. Age ranged from 6 months to 8 years. Common sites were involved in 38 and rare sites in 7 patients. Rare sites were - gluteal region (1), pelvis (1), retroperitoneum (1), mesentery (2), inguinal region (1) and inguinoscrotal region (1). The clinical presentation included sudden increase in size (25), lump abdomen (3), gluteal abscess (1), abdominal distension (1) and inguinal swelling (2).

Diagnosis was established preoperatively in 38 cases, and after surgery and histopathology in 7 cases. Near total or subtotal excision was carried out in all cases. Facial nerve palsy (1) and recurrence (2) were the complications of surgery.

The study is presented to highlight the occurrence of the cystic lymphangioma at rare sites to avoid diagnostic errors and unnecessary mutilating surgery. [Indian Journal of Pediatrics, 2000; 67 (5) : 339-341]

Key words: Cystic lymphangioma; Cystic hygroma; Rare sites

Cystic lymphangioma (CL) is not an uncommon pediatric surgical problem. It arises from sequestrated primitive lymphatic channels. Neck is the commonest site of involvement. The axilla and face are less frequently involved. CL at other sites is rare and may be a diagnostic dilemma at times.

MATERIALS AND METHODS

Records of patients diagnosed as CL clinically or after surgical excision and histopathological examination were studied retrospectively and data compiled.

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from 6 months to 8 years. The common sites of involvement were seen in 38 cases and rare sites in 7 cases (Table 1). Twelve patients (26.66%) presented with an asymptomatic mass and were diagnosed as cystic lymphangioma clinically. Twenty five (55.55%) patients presented due to rapid increase in size due to either haemorrhage or infection. Seven (15.55%) patients presented following rapid increase in size following either haemorrhage or infection. Seven (15.55%) patients presented with other complaints. One (2.22%) patient presented with neck abscess (Table 2).

Diagnosis was made initially in 38 cases and after surgery and histopathology in 7 cases (Table 3).

RESULTS

X-ray chest was normal in all the cases and ultrasonography revealed multiloculated cystic masses in all the 45 cases. Total excision was done in 30 cases and subtotal excision was performed in 15 cases, initially or after control of infection. One patient had to undergo resection of adjacent segment of bowel also. Two patients developed recurrence and one patient developed palsy of cervical branch of facial nerve. The patients with recurrence were reoperated after 6 months with complete cure. All patients are doing well at 6 months to 9 years follow-up.

DISCUSSION

CL usually presents in neonatal life or early infancy. Neck, axilla and face are the usual sites of involvement, and the involvement of other sites is rare. The diagnosis of CL is usually easy, but may be difficult at times. On ultrasonography multiloculated cystic appearance is suggestive of CL; however, in difficult situations MRI is quite useful. Usual presentation is the sudden increase in size, either due to haemorrhage or infection. However, infection sometimes may lead to decrease in size due to fibrosis.

At unusual sites the diagnosis may not be made easily. One of the cases in present series was misdiagnosed as obstructive hernia. Preoperative needle aspiration should be avoided in cystic lesions of the pelvis and abdomen in