CERVICAL LYMPHANGIOMA IN AN ADULT – A CASE REPORT

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ABSTRACT
Lymphangiomas are considered to be congenital malformations of lymphatic channels. 50-60% are present at birth and 80-90% are detected at second year of life. These lesions are rare in adults but can occur as late as fifth decade of life. They arise commonly in the neck.

Keywords: Cervical lymphangioma, Adult

1. INTRODUCTION
Lymphangioma is a benign congenital malformation seen almost exclusively in children less than 2 years of age. It is extremely rare in adults, with only about 100 cases reported in literature(1). They are considered to result of sequestration of lymphatic tissue that has retained its potential for growth.

The etiology of lymphangiomas in adults are controversial, they are thought to be due to proliferation of lymphatics in response to head and trauma and/or infection.

Here we present a case of 28 years female with lymphangioma in the cervical region.

2. CASE PRESENTATION
Clinical presentation
A 28 year old lady, presented in Surgical OPD with c/o swelling in right side of the neck for past 2 years duration. The swelling was not associated with pain. There was no history suggestive of trauma or any infection. There was no history of any other swellings anywhere else in the body.

Clinical Examination
On examination, there was a swelling in the right lateral aspect of neck in the supraventricular region lateral to the sternocleidomastoid muscle measuring 6x4 cm. Soft in consistency and was partially compressible with positive fluctuation and highly translucent.

Investigations
USG neck showed cystic lesion with multiple septations.
MRI neck – cystic lesion of well defined regular margins measuring 5.8x 5.1 cm in between the supraventricular region extending into right paratracheal region in between longus muscle and carotid arteries with multiple septations.

FNAC was inclusive of the diagnosis which showed yellow coloured fluid which reveled formed elements of blood and cells of lymphoid series.

Therefore excision of the swelling was done under GA, and sent for histopathological examination, which was reported as multiple sections revealing fibrocollagenous and fibro fatty tissue with numerous anastomosing lymphatic and vascular channels along with areas of lymphoid follicles, which was suggestive of Lymphangioma.

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Cystic lymphangiomas are extremely rare benign condition occurring in adults. They occur commonly in infants and children younger than 2 years of age. Lymphangiomas are malformations of lymphatic system characterised by lesions, macroscopic, as in cystic hygroma, or microscopic.

The most widely accepted theory about development of lymphangioma is that they arise from sequestration of primitive embryonic lymph sacs. However, the etiology in the adult population is controversial. Some authors attribute adult lymphangioma to delayed proliferation of the congenital or acquired lymphoid rests following trauma or preceding respiratory infection. The most common documented site is the neck. In children cervical lesions can cause dysphagia and airway obstruction, however, this is rare in adults. Adults usually present with an asymptomatic, soft fluctuant, well defined mass with a capsule, but it is less defined in children.

The anatomic location of the lymphatic malformation plays an important role in determining the histologic type of lymphangioma. The various sites reported are posterior triangle of neck(75%), axilla (20%), mediastinum(5%), groin, retroperitoneal space and pelvis(3).

Microscopically, lymphangiomas can be classified into 3 subtypes: 1. Capillary- characterised by thin walled vascular channels; 2. Cavernous- large channels with a fibrous coat; 3. Cystic- large cystic endothelial lined spaces (2).

Lymphangiomas may be described in stages depending upon the location and extent of the disease, as following- Stage I- unilateral infrahyoid, stage II- unilateral suprahyoid, stage III-unilateral supra and infrahyoid, stage IV- bilateral suprahyoid, stage V- bilateral supra and infrahyoid.

Imaging studies are important to assess extension of the lesion. Although ultrasound scanning is sufficient to establish the diagnosis, computed tomography (CT) or MRI is useful to show adjacent tissue extension.

Complications of the cysts are- rapid enlargement causing airway obstruction, bleeding into cyst and infection. Primary treatment for lymphangioma is total surgical excision. Percutaneous aspiration is not preferred because of the risk of bleeding, infection and recurrence.

Other modalities of treatment like injection of sclerosing agents like alcohol, bleomycin and OK-432 (a lyophilized mixture of streptococcus pyogenes and penicillin G potassium), have been reported with favourable results(7).

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