A CASE REPORT OF CAVERNOUS LYMPHANGIOMA PRESENTING AS ATYPICAL LIPOMA

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ABSTRACT: We are reporting one case of cavernous lymphangioma. This case is presented for its rarity and atypical presentation.

Lymphangioma is congenital localised clusters of dilated lymph sacs in the skin and subcutaneous tissue that has failed to join the normally mph system during development period. Cavernous lymphangioma common site of presentation is neck and axilla. Age of presentation at first year of life. In our case, site of swelling was over back and above of left buttock noticed at age of 35 years. Clinically presentation was lipoma on high resolution ultrasound swelling impression given was atypical lipoma or neurofibroma. On histopathology swelling diagnosed as cavernous lymphangioma.

Keywords: Cavernous lymphangioma, congenital malformations, lymphatic malformation

Introduction: Lymphangiomas are the lymphatic analogue of the hemangiomas of blood vessels. They are generally divided into two types simple or capillary lymphangioma and cavernous lymphangioma or cystic hygroma.[1,2,3]

They are thought to represent isolated and sequestered segments of the lymphatic system that retain theability to produce lymph. As the volume of lymph inside the cystictumor increases, it grows larger within the surrounding tissues.The majority of these benign tumors are present at birth, and 90%of them can be identified by the end of the first year of life. Thecavernous lymphangiomas almost invariably occur in the neck orthe axilla and very rarely in the retroperitoneum.

The treatmentof lymphangiomas should be surgical excision, with caretaken to preserve all normal surrounding infiltrated structures.[1] [4]

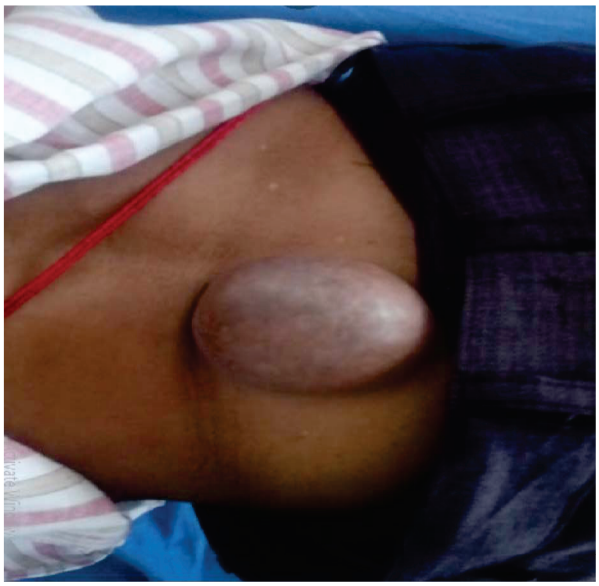
Case report 1

50 year male noticed small swelling over left lower back 15 years back insidious onset slow growth attained to 6cm X 4cm X 4cm size swelling. No pain over swelling, no radiating pain over limb. There was no ulceration or sinuses over swelling but colour change over swelling was present. Both lower limbs movements were normal. There was no history of fever, back ache ,loss of weightor loss appetite.

On examination single globular swelling of size 6cm X 4cm X 4cm situated left medial aspect upper part buttock extending from midline of the lower back medially to 6cm laterally from mid line.Swelling had well defined boarders,smooth surface, skin over swelling was even and dark colored.swelling was peduculated at base pedicel size is 4cm X 4cm. Swelling appearance was as shownin figure1

There was no local rise of temperature and no tenderness over swelling. It was variable in consistency, soft and cystic. Swelling wasin subcutaneous plane which was mobile and partially compressible.

Figure 1



Patient had under gone CABG 10 years back and was on regular medication.

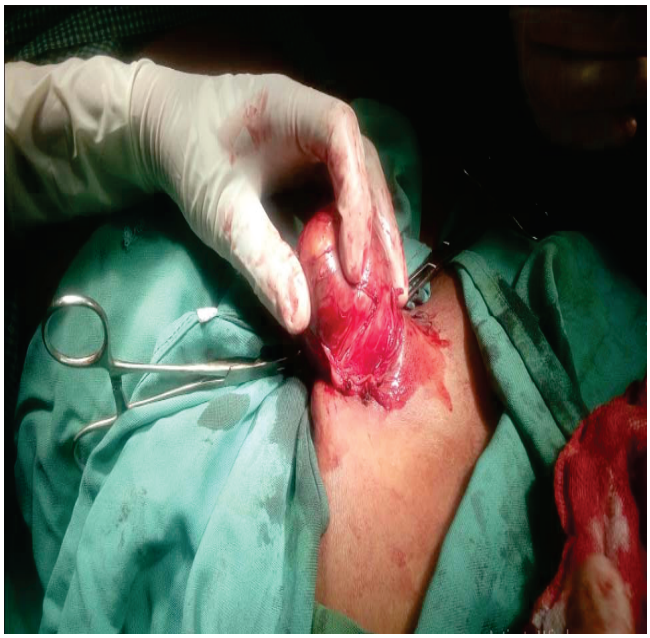
Investigations

High resolution ultrasound scan of swelling suggestive of heterogenoushypoecoic lesion of subcutaneous plane suggestive of atypical lipoma, neurofibroma.

General surgical profile was done. All were normal except INR 2.6 as patient was using warfarin. Warfarin replaced with heparin treated patient with injectionvit K. Inr corrected to 1.6 .

Surgery was done: excision of the swelling done under local anaesthesia as shown in figures 2, Specimen sent for histopathological examination.

Figure 2

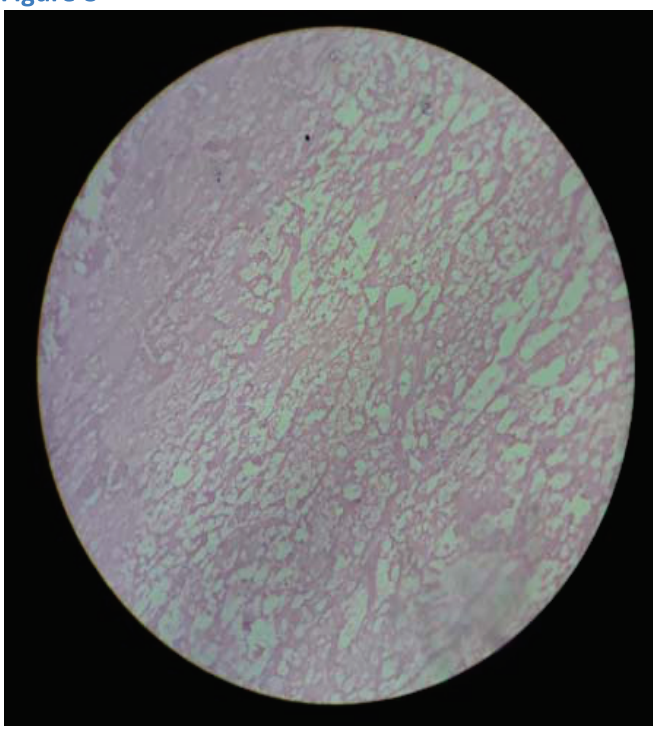


Histopathology features were, Macroscopic: capsulated with engorged vessels

Microscopic; fibrocapsular capsule, sub capsularly dilated thin walled lymphatic channels in loose connective tissue stromasuggestive of cavernous lymphangioma.

Histopathologic pictures shown in figure 3

Figure 3



Postoperative Evaluation: unevent full. restarted of regular medication warfarin . wound healed well. We Followed the case up to one month no recurrence was found.

Discussion

LYMPHANGIOMA

Lymphatic malformations are anomalous lymphatic channels that never regressand have the potential to affect underlying muscle and bone,causing significant swelling and bony overgrowth. They havehistorically been called lymphangiomas or cystic hygromas

Lymphatic malformations can be classified as microcystic, macrocystic, or both. Lymphatic malformations expand or contract with the flow of lymph, infection, or intralesional hemorrhage. Superficial Lymphatic malformations Lymphatic malformationsthat affect the skin often produce cutaneous vesicles that may coalesce and weep lymph fluid. Sclerotherapy remains a major treatment modality for Lymphatic malformations, and lesions that are macrocysticcan be aspirated before sclerotherapy[5]. Although surgery rarely removes the entire lesion, surgical resection is the only possibility for cure. These resections often are challenging, lengthy, and associated with significant blood loss, and the potential existsfor regeneration of lymph channels and recurrence of the Lymphatic malformations postoperatively.[2]

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