International Journal of Medical and Health Sciences

Journal Home Page: http://www.ijmhs.net ISSN:2277-4505

Case Report

Rare Case of Neck Swelling In An Adult

Vinod Kumar B[1*], John Joseph S Martis[2], Sheldon G Mathias[3], Priyatham Kamath[4], Arun Kumar D[5]

[1,&3] Senior Residents, [2] Professor, [4&5]Residents, Department of General Surgery
Father Muller Medical College, Mangalore, Karnataka, India, 575002.

ABSTRACT

Cystic lymphangioma is rare congenital malformation commonly seen in children. Its occurrence in adults is uncommon with very scarce reports in the literature. Cysticlymphangioma mainly seen in infants or children younger than two years of age. We report a case of lymphatic cyst in a 29 year old male who presented with left supraclavicular swelling, which is asymptomatic. He Underwent excision of the same and histopatholgically it was reported as lymphatic cyst.

KEYWORDS: Lymphatic cyst, cystic Lymphangioma, Neck masses, Adults

INTRODUCTION

Lymphangioma is a benign congenital malformation seen almost exclusively in children less than two years of age. It is extremely rare in adults, with only about 100 cases reported in literature[1]. These are considered to be the result of sequestration of lymphatic tissue that has retained its potential for growth. The three variants which have been described are: 1) Capillary - characterized by small thin walled vascular channels (2) Cavernous - large channels with a fibrous coat and (3) Cystic- large cystic endothelial lined spaces[2].

Although they can occur anywhere in the body, the most common sites are in the posterior triangle of the neck (75%), axilla (20%), mediastinum (5%), groin, retroperitoneal space and pelvis[3].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[4].

We report case of cystic lymphangioma in an adult, in contrast with those presenting in the paediatric age group.

CASE REPORT

A 29-year-old male presented with a swelling on the left supraclavicular region noticed since seven days. The swelling was measuring about 5×4cm,in left supraclavicular region, cystic, mobile, not associated with any pain, discoloration or sudden increase in size [Fig 1].Trans illumination test was negative.

There was no cervical lymphadenopathy. Ultra sonogram neck showed a heterogeneous lesion in left supraclavicular region with cystic areas measuring 6×3.9cm, and no calcification. FNAC(fine needle aspiration cytology) suggestive of lymphatic cyst. Chest X-ray PA view was normal.

Exploration of cyst was done. Intraoperatively cyst was deep to cervical fascia. Clear plane was

present around the swelling. Pedicle was found, ligated and cut. Total excision of cyst was done [Fig 2]. The excised swelling was measured about 6×4cm. Cyst wall was thin, glistening and translucent. On cutting open the cyst yield straw colored grey fluid. Inner wall was smooth.

After one month of follow up patient is asymptomatic. Histopathological examination of excised specimen showed fibrous wall lined by flat to plump endothelial cells suggestive of cysticlymphangioma [Fig 3].

Figure1: Showing left supraclavicular swelling

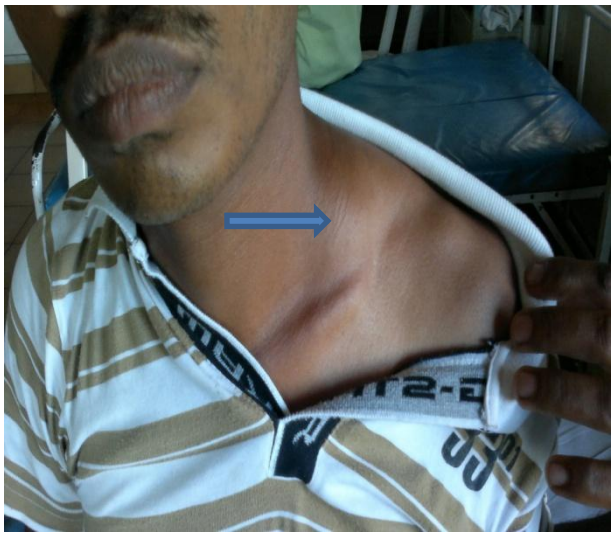


Figure 2: Intra operative picture of lymphatic cyst

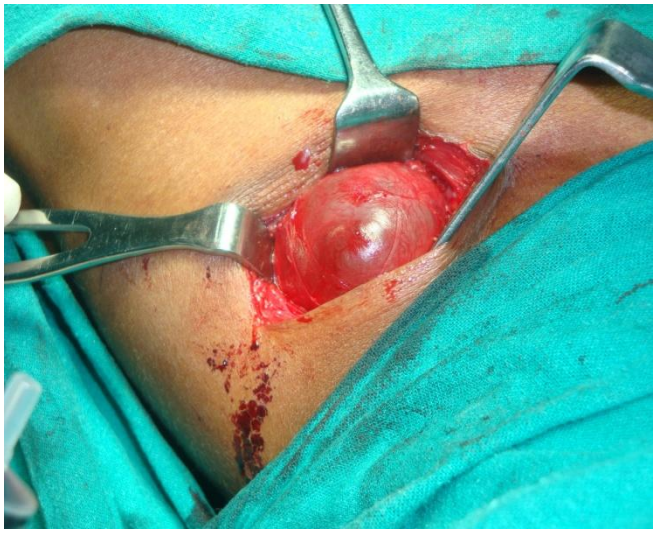
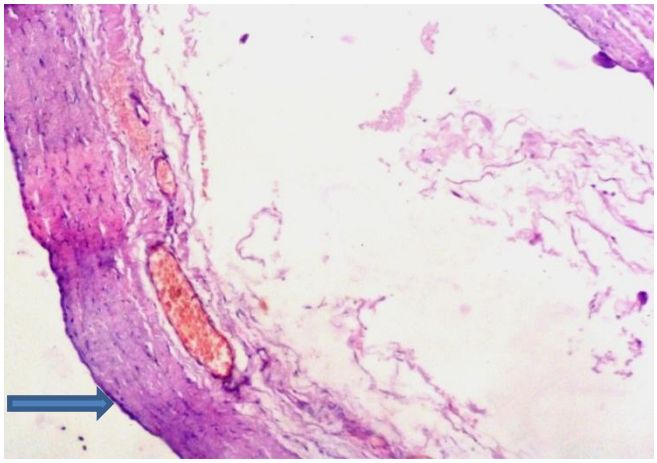


Figure 3: Histopatholigical picture of excised lymphatic cyst



DISCUSSION

Cystic lymphangiomas are extremely rare benign tumours occurring in adults[5]. They occur frequently in infants or children younger than two years of age[3].The most widely accepted theory about the development of cystic lymphangioma is that they arise from sequestrations of the primitive embryonic lymph sacs[6]. However, the aetiology 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[7].

The most common documented site is the neck[6]. 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[8].The anatomic location of the lymphatic malformation plays an important role in determining the histologic type of lymphangioma.

The various sites reported are intraabdominal, mediastinal, axillary, and thigh with the neck being the most common[1,2,3,6,7,8,9]. Histologically, lymphangiomas are thin walled, cystic unilocular or multilocular cystic tumours lined by endothelial cells containing clear yellow fluid. There is no consensus in the literature concerning the use of FNAC to diagnose these lesions. A radiological diagnosis can be difficult. Differential diagnosis of thymiccyst, pericardialcyst, bronchogeniccyst, cysticteratoma should be kept in mind.

Extension into the oropharynx is present in 20% cases, and extension to the mediastinum is found in about 10% cases. A careful evaluation of the extension of the tumor by preoperative imaging using ultrasound, Magnetic resonance imaging or oropharyngeal endoscopy is strongly recommended, so as to ensure complete removal of the mass and prevent recurrence[8]. Incomplete excision is one of the leading causes of recurrence. Repeated aspiration and depomedorone injections often fail to prevent recurrence. Complete surgical excision is the preferred treatment[8]. A correct diagnosis is ensured only by histopathological examination of the surgical specimen[9].

CONCLUSION

Cystic lymphangioma in adult is rare. Complete surgical excision is preferred treatment .This case is presented to emphasize the need to consider cystic lymphangioma in the differential diagnosis of cystic neck swelling in adults.

REFERENCES

[1]. Sinha M, Jane MJ, Watson SB: An unusual case of a large cystic swelling in thigh:Cysticlymphangioma in an adult. Eur J PlastSurg 2009; 32:103-106.

[2].Daver GB, Bakhshi GD, Patil AS, Shaikh AS, Mokashi NP, Mogal HD, Joshi NY: Cystic lymphangioma in an adult. Bombay Hospital Journal 2005; 47:90-93.

[3]. Guner A, Aydin A, Celik F: Cystic hygromas in adults: Report of two cases. Med J Bakirkoy 2006;2:101-103.

[4] Morley SE, Ramesar KC, Macleod DA: Cystic hygroma in an adult: a case report. JR CollSurgEdinb 1999; 44:57-58.[Pub med].

[5] Mary Mathew, SumeetKaur D: Adult lymphangioma A Rare Entity: A Report of Two Cases. Tjpath, 2012;28:080-082.

[6].Gelal F, Yucel K, Tugsel E, Guney S: Axillary cystic lymphangiomas presenting in pregnancy. Turk J Med Sci 1998;28:571-572.

[7].Aneeshkumar MK, Kale S, Kabbani M, David VC: Cystic lymphangioma in adults: can trauma be the trigger? Eur Arch Otorhinolaryngol 2005;262:335–337.

[8].Morley SE, Ramesar KC, Macleod DA: Cystic hygroma in an adult: a case report. JR CollSurgEdinb 1999;44:57-58.

[9].Kraus J, Plzak J, Bruschini R, Renne G, Andrle J, Ansarin M, Betka J: Cystic lymphangioma of the neck in adults: a report of three cases. Wien KlinWochenschr 2008;120:242-245.

Corresponding author: Dr.Vinod Kumar. B
E-Mail: vinnudoc1998@yahoo.co.in