

(EP05.11). When CPAM is not CPAM: prenatal-postnatal discordance in a fetal intrathoracic cystic lesion

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Introduction

Intrathoracic lymphangioma is a rare congenital lymphatic malformation that may present as a multicystic thoracic lesion and cause mediastinal shift and respiratory compromise.

Prenatal differentiation from congenital pulmonary airway malformation (CPAM) may be challenging, particularly in late gestation.

Case of a fetal thoracic cystic lesion initially suspected to represent CPAM, with a definitive postnatal diagnosis of intrathoracic lymphangioma.

Case report of an 18-year-old primigravida referred at 37 weeks of gestation for suspected fetal growth restriction and a right thoracic cystic lesion.

Prenatal assessment included detailed ultrasound and fetal MRI.

Postnatal clinical, imaging, and therapeutic findings were reviewed.

Intrathoracic lymphangioma may closely mimic CPAM on prenatal imaging, particularly when presenting as a predominantly cystic thoracic mass.

Fetal MRI was valuable for defining lesion extent, assessing mediastinal and cardiac displacement, and confirming diaphragmatic integrity.

Conclusion

Despite extensive prenatal imaging, definitive differentiation from CPAM was not possible in this case and required postnatal assessment.

Early multidisciplinary management is essential when significant thoracic compression and respiratory compromise are anticipated.



(A–B) Prenatal ultrasound showing a large multicystic lesion occupying the right hemithorax, with multiple variable-sized cystic spaces and associated mediastinal displacement. **(C)** Fetal magnetic resonance imaging demonstrating the extent and multiloculated cystic architecture of the lesion, with posterior cardiac displacement and preservation of diaphragmatic integrity.