

A Case Report on Fallopian Tube Lymphangioma

*Dr Chien Nee Gan, ^Dr Angela Mbamali, **Dr Van Oudgaarden

*IMT doctor, ^Trust doctor and **Consultant,

Department of Obstetrics and Gynaecology, North Cumbria Integrated Care

Objective

Lymphangiomas of the fallopian tube are very rare and only a small number of cases have been reported. Lymphangiomas are benign, slow growing tumours of the lymphatic system characterized by dilated lymphatic vessels lined by endothelium. ^[1] It is essential to recognise lymphangiomas as there are risks of malignant transformation. ^[2]

Case Report

We present a rare case of right sided fallopian tube lymphangioma in a nulliparous, 30-year-old woman who presented to us with crampy right iliac fossa pain and worsening per vaginal bleeding. She reported passing clots and denied passing any pregnancy tissue. Physical examination revealed tender lower abdomen with rebound tenderness worse in the right iliac fossa.

Ultrasound of the pelvis confirmed right extra-ovarian echogenic mass adjacent to the right ovary and moderate fluid with fine debris in the pelvis with no evidence of intrauterine gestation. Urine pregnancy test was positive and blood test showed elevated beta-hCG level.

Intraoperatively, right ectopic mass was observed. Clots and pregnancy tissue were expelled from the right fallopian tube on manipulation which initially appeared intact without bleeding but subsequently, the right fallopian tube remained abnormal, hence, a right salpingectomy was performed.

Histological examination of the right fallopian tube revealed an oedematous stroma with numerous ectatic thin-walled vessels which were suggestive of lymphangiectasia of the fallopian tube.

Results

Urine pregnancy test : positive

beta-hCG level : 334

Ultrasound of the pelvis : right extraovarian echogenic mass adjacent to the right ovary measuring 36 mm x 20 mm. No vascularity demonstrated on Doppler. There was moderate fluid with fine debris in the pelvis (approximately 48 milliliters), normal ovaries and no evidence of intrauterine gestation.



Figure 1 :Transvaginal ultrasound scan showing right adnexal mass

Treatment

Urine pregnancy test was repeated after a period of time post-surgery which was negative. Repeat ultrasound scan of the pelvis showed no products of conception were seen.

Outcome and follow up

Patient was settling well post operatively and had resumed menstruation. Patient would be followed up with a test for tubal patency and to be followed up in the infertility clinic to discuss about future pregnancies.

Discussion

In this case, our patient's symptoms, signs and test results were all suggestive of an ectopic pregnancy. However, due to the persistent abnormal feature of the right fallopian tube after disposal of the pregnancy tissue, a right salpingectomy was performed which subsequently revealed incidental lymphangiectasia of the fallopian tube on histological examination.

The exact etiology of lymphangioma has yet to be determined but reactive and neoplastic etiologies have been proposed. ^[3] Lymphangiomas generally occur in the first 2 years of life, although they can occur at any age. ^[2] Lymphangiomas can arise from anywhere in the body. ^[4] Regardless of their location, almost all lymphangiomas are benign lesions. ^[3]

Lymphangiomas are usually asymptomatic and commonly presents as an incidental finding detected on imagings or intraoperatively. It can be symptomatic if the size is large enough to cause mass effect and compression of adjacent structures. ^[5,6] Although radiological imagings provide useful information in regards to likely diagnosis, nature of the lesion and relation with neighboring structures, the definitive diagnosis is confirmed through histopathological examination. ^[2] Complete excision of the tumour is the preferred treatment of choice. ^[2] These patients should be followed up routinely for 2 years to detect any recurrence or malignant transformation. ^[7,8]

Conclusions

Fallopian tube lymphangiomas are very rare but should be considered in patients presenting with lower abdominal pain or when an incidental lesion is detected on radiological investigations or intraoperatively.

References

1. Victor Manuel, V., 2020. Lymphangiomas of the women's reproductive system. *Obstetrics & Gynecology International Journal*, [online] 11(1), pp.62-66.
2. Doddareddy S, Manohar S, Manohar S. A rare case of fallopian tube lymphangioma. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*. 2020;9(12):5169.
3. Akbulut M, Kelten E, Soysal M, Duzcan S. Cystic Lymphangioma of The Fallopian Tube: Report of a Case. *Firat Tip Dergisi* [Internet]. 2008;13(3):224-225.
4. Chang M, Newman C, Davis M, Lehman J. Acquired lymphangiectasia (lymphangioma circumscriptum) of the vulva: Clinicopathologic study of 11 patients from a single institution and 67 from the literature. *International Journal of Dermatology*. 2016;55(9):e482-e487.
5. Bonhomme A, Broeders A, Oyen R, Stas M, De Wever I, Baert A. Cystic Lymphangioma of the Retroperitoneum. *Clinical Radiology*. 2001;56(2):156-158.
6. Hauser H, Mischinger H, Beham A, Berger A, Cerwenka H, Razmara J et al. Cystic retroperitoneal lymphangiomas in adults. *European Journal of Surgical Oncology (EJSO)*. 1997;23(4):322-326.
7. Evans A, Lytwyn A, Urbach G, Chapman W. Bilateral Lymphangiomas of the Ovary. *International Journal of Gynecological Pathology*. 1999;18(1):87-90.
8. Aristizabal S, Galindo J, Davis J, Boone M. Lymphangiomas involving the ovary. Report of a case and review of the literature. *Lymphology*. 1977;10(4):219-23.