Retroperitoneal Lymphangioma; a rare cause of abdominal pain in adults

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Introduction

Lymphangiomas are rare, benign, and likely congenital malformations of lymphatic channels. They primarily present in infancy or childhood, less than 10% are seen in adults with a variety of symptoms. The head and neck are the most prevalent locations for these masses[1]. Retroperitoneal lymphangiomas account for only approximately 1% of all lymphangiomas[2,3]. We present a case of a retroperitoneal lymphangioma in an adult.

Clinical Presentation

This is a 22-year-old female who presented with recurrent right upper quadrant abdominal pain of two years' duration. Initially this was attributed to ovarian cysts. Persistent symptoms warranted further imaging studies. This revealed a hypodense non-enhancing lobulated lesion measuring 12cm x 2.5cm x 7cm posterior and inferior to the gallbladder (Figures 1,2,3).

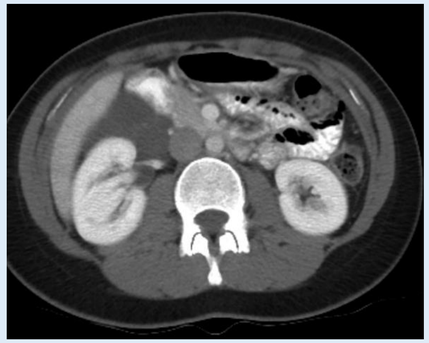


Figure 1. Axial CT



Figure 2. Coronal CT



Figure 3. Sagittal CT



Figure 4. Retroperitoneal cystic mass histologically consistent with retroperitoneal lymphangioma

Hospital Course

Retroperitoneal lymphangioma has characteristic imaging features that allows a presumptive diagnosis, which can be confirmed by FNA[4]. In this patient, attempted ultrasound-guided aspiration was unsuccessful. The patient subsequently underwent laparotomy with complete resection of the mass (figure 4). She tolerated surgery well and was discharged home on POD #3. The patients' initial symptoms have resolved since her operation.

Pathology

Pathology revealed 11cm x 5cm x 1.6cm cystic mass histologically consistent with lymphangioma.

Discussion

The etiology of lymphangiomas is unclear. These malformations may arise in any region containing lymphatic channels and are thought to be either congenital or secondary to inflammatory processes such as infection or trauma.

Symptomatology varies widely; including asymptomatic presentation, increasing abdominal circumference, obstructive symptoms due to mass effect[5], and, most commonly, pain[6].

Diagnosis is often based on imaging, but definitive differentiation from other cystic pathologies requires histologic diagnosis.

Operative resection is the treatment of choice for the symptomatic patient, and complete resection is necessary to minimize the risks of recurrence[6].

Conclusion

In the adult symptomatic patient, surgical resection of lymphangiomas should be considered. Complete resection is imperative for prevention of recurrence, and intact specimens should subsequently undergo histologic examination for definitive diagnosis.

References

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