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Cystic lymphangioma of the jejunal mesentery in an adult patient – case report

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Abstract: ***Mesenteric lymphangioma is a rare entity with only case reports and small series available in the published literature. We report a 48 years female patient with non-specific abdominal complaints and a cystic mass identified at CT and US. At laparotomy we found a 5 cm cystic mass developed between the folds of the mesentery of the jejunum and an adhesion between the transverse mesocolon and the ileum. Surgery consisted in sectioning of the adhesion and complete removal of the mass, which proved to be a cystic lymphangioma. The symptoms disappeared after surgery with no signs of recurrence at 5 years follow-up.***

Keywords: cystic lymphangioma, mesentery, intermittent volvulus**.**

1. Introduction

Lymphangioma is a rare pathologic entity; it is most often located in the neck and axilla, with less than 5% of the cases located in other anatomic areas. Most cases are reported in children, which suggests that this disease is the result of a local congenital malformation of the lymphatic vessels [1, 2].

2. Case report

We report a 48 years female patient complaining of diffuse abdominal pain and a non-specific dyspeptic syndrome that occurred during the last 12 months, after a change in the eating habits.

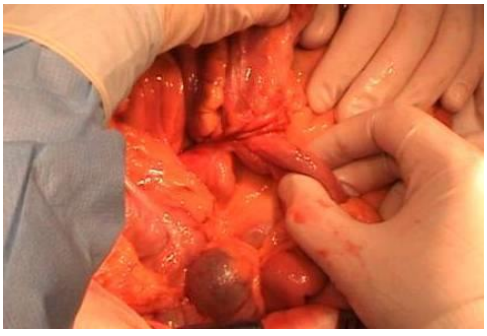

Figure 1. Adhesion between the transverse mesocolon and ileum.

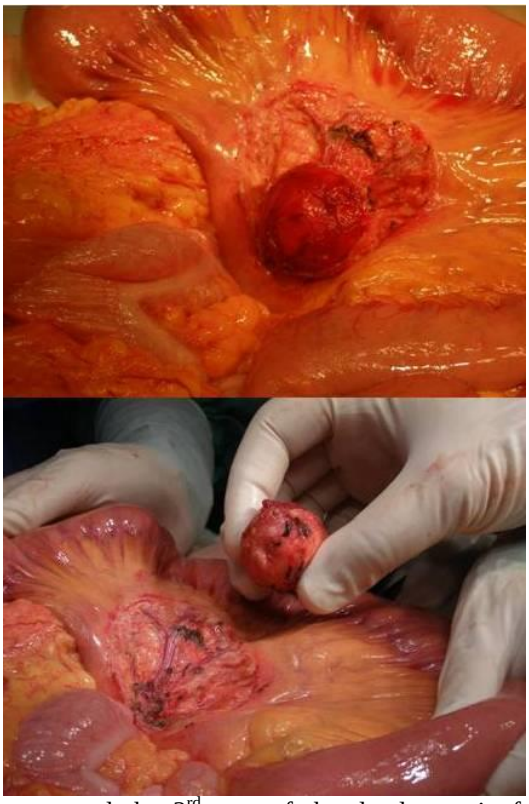

Figure 2. Intraoperative aspect of the mesenteric cystic mass.

Upper digestive endoscopy revealed only chronic gastritis, not explaining the complaints. Ultrasound and CT examination showed a 5 cm diameter mass, located below the head of the pancreas and the 3rd part of the duodenum in front of the inferior vena cava; the exact origin of this mass could not be established.

Surgical approach was made through a median laparotomy. Intraoperatively we found a well delineated cystic mass developed between the two folds of the jejunal mesentery, covered by an adhesion between the transverse mesocolon and the ileum (figure 1). After sectioning of the adhesion, the mass

was completely excised without opening or damaging the jejunal vessels (figure 2 and 3).

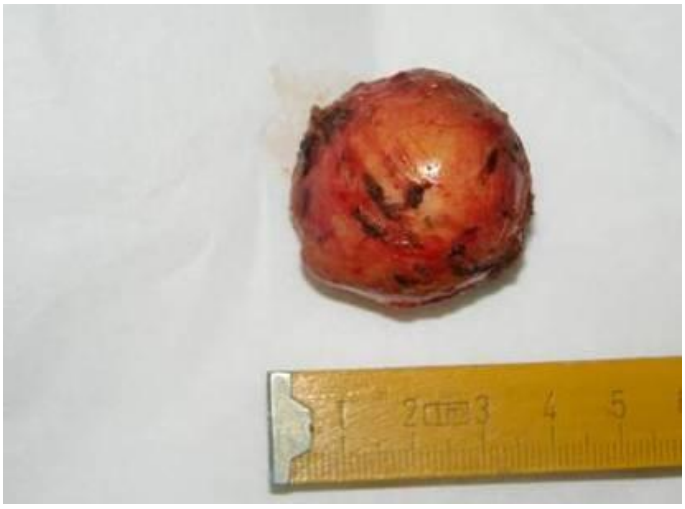

Figure 3. Operative specimen (intact removal)

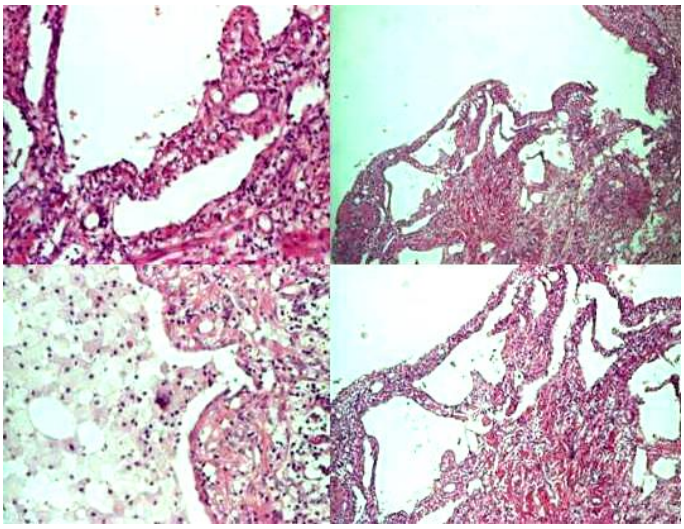

Figure 4. Pathologic examination – benign cystic lymphangioma.

Pathologic examination showed the presence of a cystic lymphangioma with no signs of malignancy (figure 4). The clinical complaints have completely disappeared after surgery. Ultrasound follow-up showed no signs of recurrence at 5 years after surgery.

3. Discussions

Cystic lesions of the mesentery are rare entities with non-specific clinical signs and difficult diagnosis, including a variety of pathologic entities with different etiology and behavior [3]. The location of a cystic lymphangioma in the mesentery is extremely rare, with only a few case reports and small series available in the published literature [4-6].

Treatment options for the cystic lymphangiomas include observation, aspiration, injection, cryotherapy, electrocautery, radiation, laser, ligation and surgical excision, with no consensus in the available literature [7]. Puncture and injection of bleomycin or OK432 have been recently reported in other lymphangiomas with other anatomic locations [8], but it has limited indications for the lesions developed in the mesentery.

For mesenteric lymphangiomas, most authors recommend surgical removal due to the risks of increasing in size and acute complications [6, 9-11]. Laparoscopic removal has also been reported with good outcome in selected cases [12]. In our case, we decided for an open approach due to the unclear preoperative diagnosis and the relationship with the inferior vena cava. At a retrospective analysis, we believe that a laparoscopic removal would have been possible.

Another interesting aspect of our case is the association with an adhesion between the transverse colon and the ileum. The symptoms disappeared completely after surgery but it is impossible to evaluate if they were the result of the adhesion with the obvious intermittent volvulus or the result of the tumor. Some authors also suggest that the pathogenesis of lymphangioma in adult patients includes changes of the lymphatic circulation secondary to local causes – including adhesions causing an intermittent volvulus [13, 14].

In conclusion, despite their rarity, cystic lymphangioma should be taken into consideration as a possible diagnosis in patients with abdominal masses.

References

[1] Chung JH, Suh YL, Park IA, Jang JJ, Chi JG, Kim YI, Kim WH. A pathologic study of abdominal lymphangiomas. J Korean Med Sci 1999;14(3):257-62.

[2] Godart S. Embryological significance of lymphangioma. Arch Dis Child 1966;41(216):204-6.

[3] Botianu PV, Gliga M, Moldovan SC, Botianu AM, Bacarea A, Botianu AM, Szasz ZA. Anatomo-clinical analysis of 14 consecutive cases of primary cystic mesenterico-epiploic tumors. Chirurgia (Bucur) 2014;109(5):644-8.

[4] Hureibi K, Sunidar OA. Mesenteric cystic lymphangioma mimicking malignancy. BMJ Case Rep 2014 Sep 1;2014. pii: bcr2014203560. doi: 10.1136/bcr-2014-203560.

[5] Rami M, Mahmoudi A, El Madi A, Khalid, Khattala, Afifi MA, Bouabdallah Y. Giant cystic lymphangioma of the mesentery: varied clinical presentation of 3 cases. Pan Afr Med J 2012;12:7.

[6] Molnar C, Latis V, Neagoe VI, Milutin D, Butiurca V, Nicolescu C, Popa D, Tudor A, Copotoiu C. Diagnosis and treatment of mesenteric cystic lymphangioma: case report. Journal of Surgery / Jurnalul de chirurgie 2015; 10(4):283-5.

[7] Ha J, Yu YC, Lannigan F. A review of the management of lymphangiomas. Curr Pediatr Rev. 2014;10(3):238-48.

[8] Olímpio H de O, Bustorff-Silva J, Oliveira Filho AG, Araujo KC. Cross-sectional study comparing different therapeutic modalities for cystic lymphangiomas in children. Clinics (Sao Paulo). 2014;69(8):505-8.

[9] Lilia BH, Rym K, Ali G, Fatma F, Héla L, Wièm D, Lilia L, Ibtissem B, Mourad H. Abdominal cystic lymphangioma complicated by mesenteric volvulus: a case report. Tunis Med 2014;92(5):356-8.

[10] Méndez-Gallart R, Bautista A, Estévez E, Rodríguez-Barca P. Abdominal cystic lymphangiomas in pediatrics: surgical approach and outcomes. Acta Chir Belg 2011;111(6):374-7.

[11] Makni A, Chebbi F, Fetirich F, Ksantini R, Bedioui H, Jouini M, Kacem M, Ben Safta Z. Surgical management

of intra-abdominal cystic lymphangioma. Report of 20 cases. World J Surg 2012;36(5):1037-43.
[12] Talarico F, Iusco D, Negri L, Valieri L. Mesenteric cystic lymphangioma treated with laparoscopic excision: case report and review of the literature. G Chir 2009;30(8-9):362-4.
[13] Weeda VB, Booij KA, Aronson DC. Mesenteric cystic lymphangioma: a congenital and an acquired anomaly? Two cases and a review of the literature. J Pediatr Surg 2008;43(6):1206-8.
[14] Prabhu SM, Anand R, Narula MK, Shetty GS, Udiya AK, Chauhan U, Shukla S, Grover JK. Mesenteric cysts associated with recurrent small-bowel volvulus: cause or effect? Jpn J Radiol 2012;30(10):858-62.

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