MESENTERIC LYMPHANGIOMA INVOLVING ILEUM

ANWAR ALI¹, MUHAMMAD NASEEM²

1. Department of Pathology Saidu Medical College Swat

2. Department of Radio diagnosis Saidu Teaching Hospital

INTRODUCTION

Lymph angiomas are benign tumour of lymph vessels. These are classified as capillary, cavernous and cystic 1,2,3. About 90% are diagnosed with in first 1-2years of life¹. Though these can be seen through out in the body, but most frequently in the head , neck and axillary regions. Abdominal lymph angiomas are not frequent and cavernous Lymph- angiomas in the mesentery are very rare tumour^{2,3}. Other rare sites are retroperitonium, pancreas and posterior mediastinum^{3,4} . If large enough these may present for chronic abdominal pain or even present as an acute abdomen.

We present a case who presented as acute abdomen Laprotomy was done in emergency and the tumour was removed labelled as 'mass distal ileum'.

CASE REPORT

An 11 year old girl was brought to emergency ward in (December 2009). She had developed abdominal distension with vomiting and abdominal pain. Laprotomy was done in emergency, a mass was found in the distal ileal mesentery involving the gut wall as well; the mass was also adherent to the urinary bladder, the adhesions were released. The mass was found to have involved the mesentery and ileal wall, the mass was resected and sent for histopathological examination in 10% formalin.

Gross examination of the specimen

Specimen consisted of a portion of small gut measuring 12cm along the anti mesenteric border with a tumour on the mesenteric side. The tumour measured 9cm in length along the mesenteric border of gut wall and measured 1.5cm for either resection margin. The attached mesentery was

thickened by the tumour and measured 7cm from the gut wall .Safe margin of resection measured 2cm in the mesentery. The tumour had involved both the mesentery and nearly half circumference of the gut wall. The gut wall was thickened up to 2 cm on either side lateral to mesenteric involvement. Cut surfaces of the tumour were gray white , spongy and soft in consistency. The mucosal surface of the gut appeared intact and was glistening. Three representative sections were taken from the tumour in the gut wall one section was taken from the tumour in the mesentery , one representative section was taken from the mesenteric resection margin nearest the tumour and one representative section was taken from each resection margin of the ileum.

Microscopic appearance

Sections from the gut wall showed distortion by abundant cavernous sized lymphatic spaces. The spaces were lined by well differentiated endothelia, the luminae of these cavernous spaces showed faintly eosinophilic proteinaceous background in which there were scattered lymphocytes. The wall of these spaces were supported by fine fibrous tissue. In mucosa the lamina propria and intestinal glands intervened these spaces, in muscularis the muscle bundles and in the mesentery adipose tissue were intervening these lymphatic cavernous spaces. The ileal luminal epithelia covered the surface of the tumour and was intact. Both the ileal resection margins and the resection margin of the mesentery were clear of the tumour. No associated any other tumour component was seen.

The case was labelled as cavernous lymphangioma involving the mesentery and gut wall. The resection margins were clear of the tumour.

DISCUSSION

Intra abdominal lymphangiomas are rare benign tumours seen in ages of 1 month to 51 years . At the time of presentation the size varies and may be up to 20cm in diameter 3. The lymphangiomas develop in childhood and are considered as localized disorder of lymphatic development rather than true neoplasms. Although intra-abdominal lymph- angiomas may display infiltrative and aggressive behaviour, there is no evidence of malignant potentials 2. Spontaneous regression of mediastinal lymphangioma has been 2 reported but regression of an intra-abdominal lymphgioma has not been 6 . After irradiation transformation to lymphangiosarcoma is possible7. Ultra sonography and CT are highly sensitive tests that can be used in diagnosis. Occasionally it may be difficult to differentiate lymphangioma from duplication cyst, or abscess on imaging modalities 5. Differential diagnosis includes other fluid containing masses, such as pseudocysts, cystic teratomas, cystic leiomyoma or ovarian cyst in female; however there can be no specific radiological feature to differentiate between these options and histologic evaluation may be necessary2,5. The treatment of choice is complete surgical resection, as it is usually curative with low incidence of recurrence 2. The prognosis is excellent if the resection is complete 5. Lymphagiomas are usually asymptomatic , but may present as acute abdomen which requires emergency surgical intervention 6. In our case the patient presented with acute abdomen and surgery was considered necessary no matter which of the above differential diagnosis applied. Cavernous lymph angioma was labelled on histological examination. The resection was complete as the resection margins were clear of the tumour and hence we expect excellent prognosis for this patient. However long term follow up is still recommended for any rare chance of recurrence 5.

REFERENCES

1. H Seong Su, C Hyun Joo, P Soo Youn. Cavernous mesenteric lymphangiomatosis mimicking metastasis in

a patient with rectal cancer: A case report. World J Gastroenterol 2009

2. Norris JR, Stacey M, Rampaul R S Cheung K L. Jejunal lymphangioma presenting as an ovarian mass. JR Army Med Corps ;154(4):243-244.
3. JL Hornick, C D Fletcher. Intra-abdominal cystic lymphangiomatosis obscured by marked superimposed reactive changes: clinico pathological analysis of a series. Hum Pathol 2005; 36(4): 426-32.
4. C chuang-wei, H Sherng-Der, L Chien-Hua et al. Cystic lymphangioma of the jejunal mesentery in an adult: A case report. World J Gastroenterol 2005;11(32):5084-5086.
5. Lam FYC, Fan TW, Chan KF Chao NYS. Omental lymphangioma with torsion: Case report. J HK 2005; 8:49-52
6. J Seung Ho, K Myeong-Jin, K W Ki et al. Spontaneous regression of a cystic tumour in a postpartum Woman; is it a cystic lymphangioma?. Yonsei Med J. 2007; 48(4): 715-718.
7. R J Ralf, Q Armin, W Carsten, K Ulrich, A Kerstin et al. Cystic Lymphangioma of the Small-Bowel Mesentery: Case report and a Review of the Litration. Pathology oncology research 2000; 6(2):146-148.

For Correspondence:

Dr. Anwar Ali
Anwar Clinical Lab.
Saidu Sharif Swat.
Ph: 0946-724848