Cystic lymphangioma of the lesser sac

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Cystic lymphangioma is a benign tumour most frequently found in the head and neck and rarely in the abdominal cavity. We report a case of cystic lymphangioma of the lesser sac (omental bursa).

Case report

A 44-year-old woman was admitted for abdominal pain. About 1 month before admission, she felt abdominal pain radiating to right upper quadrant that was aggravated after eating. She began to experience anorexia and early satiety, with a 7- to 8-kg weight loss, but no other symptoms. She had undergone cesarean sections 8 and 11 years earlier and umbilical hernia repair 5 years before admission.

The only positive finding on physical examination was mild epigastric tenderness and fullness. The results of routine laboratory tests were normal. Abdominal ultrasonography revealed the presence of a multiseptated cyst anterior to the pancreas and measuring 60 ˘ 80 mm. Computed tomography confirmed the data, with a mild fluid collection in the lesser sac (Fig. 1). Pancreatic pseudocyst was considered the most likely preoperative diagnosis. At laparotomy a lobulated cystic lesion measuring approximately 8 ˘ 10 cm containing clear fluid was found in the lesser sac with an intimate attachment to the lesser curvature of stomach and celiac axis. The cyst was removed intact. Histologic examination of the excised specimen revealed cystic lymphangioma with irregularly shaped dilated lymphatic vessels with endothelial lining embedded with fibrofatty tissue (Fig. 2). At 3-year follow-up there was no radiologic sign of tumour recurrence.

Discussion

Cystic lymphangioma is a benign, slow-growing tumour derived from the lymphatic vessels. It is seen more frequently in childhood, and most cases are seen within the first 5 years of life. The most frequent location of the tumour is the head and neck[1] but it can involve the retroperitoneum, mediastinum, mesentry, omentum, colon, pelvis, groin, spleen, bone and skin.[2] Intra-abdominal lymphangiomas are not common (2%–8%),[1] and only 3 cases of lymphangioma located in the lesser sac have been reported in the literature.[3–5] The clinical presentation is variable. The diagnosis is made by means of abdominal ultrasonography and CT, the treatment is surgical, and the definitive diagnosis must always be made histologically. In our case the presenting sign was the appearance of a mass, and the preoperative diagnosis was pancreatic pseudocyst. In this case the lesion could be removed intact, although this is not always easy.

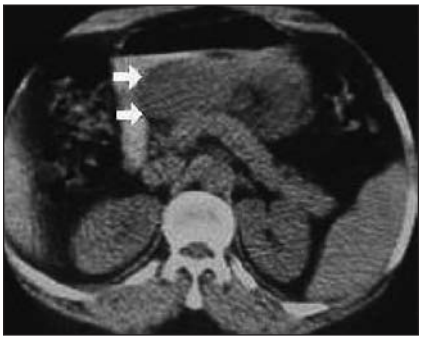

FIG. 1. On CT a round, well-defined, hypodense lesion can be seen posterior to the stomach and anterior to the head of the pancreas.

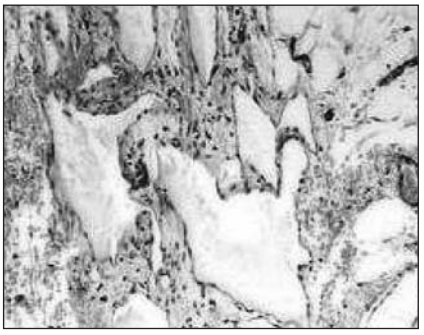

FIG. 2. Microscopic appearance shows dilated, irregular lymphatic vessels with intraluminal protein-like material (hematoxylin–eosin stain, original magnification × 400).

Competing interests: None declared.

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