

CASE REPORT

GIANT MESENTRIC CYST- MESENTRIC CYST LYMPHANGIOMA- A CASE REPORT

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ABSTRACT

Mesenteric cyst are rare intra abdominal tumours. Intra abdominal and retroperitoneal cystic lymphangioma are cystic benign tumours of congenital origin. A 7 month female was presented with complaints of abdominal distension. CT scan revealed congenital vascular malformations ?lymphangioma. The patient was operated and the cyst was excised. The histology confirmed the diagnosis of mesenteric cyst lymphangomas. We report this case because of its rare occurrence and varied presentation.

Keywords: mesenteric cyst, lymphangioma, intra abdominal

INTRODUCTION

Mesenteric cystic lymphangomas are rare lesions. It is an uncommon benign tumour of congenital origin. It presents either with chronic abdominal distension or acute with bowel obstruction or signs of peritonitis. Clinical presentation is varied or may be misleading due to a lack of awareness of clinical condition. Occasionally diagnosis made during surgery. General awareness with high index of suspicion is needed to avoid complications. Histology is diagnostic in this case.

CASE REPORT

A 7 month old female presented with complains of abdominal distension. On examination abdomen was significantly distended, non tender to palpation and dull on percussion. Abdominal radiograph showed evidence of gaseous distension of bowel loops and soft tissue mass in lower abdomen. A CT scan revealed congenital vascular malformation-lymphangioma. Exploratory laparotomy showed a 25x 15cm mesenteric cyst arising from the length of the jejunum. Cyst was identified and excised.

Grossly, the mass was multicystic, multilocular, thin walled with smooth surface measuring 20x15x8 cm. There are multiple cysts of varying size of 4x4cms to 6x6 cms. External surface is grayish white with few brown hemorrhagic areas. On cut surface yellowish

white milky fluid and inspissated material is seen. Few cysts showed hemorrhage and changes of gangrene.

Histologically the cystic spaces were lined by a single layer of cuboidal to flat epithelium. At places the lining was attenuated. The stroma consist of loose fibrovascular tissue and smooth muscles with sparse chronic inflammatory cell infiltrate in the stroma at few places. So, histological diagnosis of mesenteric cyst lymphangioma was made.



Fig 1: Multiloculated multicystic mass .on c/s yellowish white milky white fluid came

DISCUSSION

Mesenteric cyst are one of the most rare intra abdominal tumours^{1,2} The reported incidence ranges

from 1:20000 to 1:250000 admissions to hospital³ Mesenteric cyst are most common in 4th decade of life but may also effect young children^{4,5} They appear to have no significant gender or race predeliction⁶ Cysts are most commonly locate within mesentery of ileum followed by omentum mesocolon, and retroperitoneum⁷

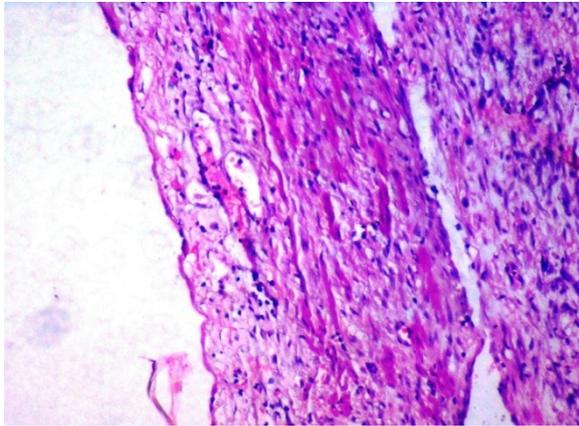


Fig 2: Cystic spaces lined by low cuboidal to flattened epithelium (10x ,H&E)

Cysts can be unilocular or multilocular or infrequently hemorrhagic fluid. The cyst can remain asymptomatic and therefore grow to giant proportions as illustrated in present case. Cystic lymphangiomas occur most frequently in the head and neck or axilla of young children. Intra abdominal and retro peritoneal cystic lymph angiomas are rare benign congenital lesions. Clinical presentation is diverse and can range from incidentally discovered abdominal mass to symptoms of acute abdomen. Children are most likely to develop life threatening complications^{8,9}

The lining cells of lymphangioma typically express endothelial cells associated antigen and lack cytokeratins more over.

DIFFERENTIAL DIAGNOSIS

Cystic lesions of mesentery includes lymphangiomas, pancreatic pseudocyst, chylolymphatic cyst, heamangioma, endometriosis, peritoneal inclusion cyst, cystic mesenteric paniculitis(sclerosing mesenteritis), hydatid cyst and cystic teratoma¹⁰

Cystic lymphangiomas has striking resemblance to chylo lymphatic cyst both grossly and microscopically. Some authors considered chylo lymphatic mesenteric cyst to be a type of lymphangiomas but some literatures

also shows authors describing chylo lymphatic cyst as a variant of mesenteric cyst^{11,12} The absence of smooth muscle and lymphatic spaces in the wall of the cyst differentiates chylo lymphatic mesenteric cyst from mesenteric lymphangiomas¹²

Their rare occurrence makes them difficult to make diagnose clinically and pathologically. This case is reported because of their occurrence and varied presentation. It is a separate entity from chylo lymphatic mesenteric cyst.

The cystic lymphangioma may grossly resemble multilocular peritoneal inclusion cyst(MPIC) and can be distinguished microscopically by the presence of smooth muscles and lymphoid cells in the cyst wall. Moreover MPIC shows typical features of mesothelial cells why cystic lymphangioma shows endothelial cells.

REFERENCES

1. L. Pantanowitz, M. Botero: Giant Mesenteric Cyst: A Case Report And Review Of The Literature. *The Internet Journal of Pathology*. 2001; 1 (2).
2. Liew SCC, Glenn DC, Storey DW. Mesenteric cyst. *Aust NZ J surg* 1994; 64:741-744
3. Swartly WB. Mesenteric cyst ,*Ann Surg* 1927;85:886-96.
4. Chug MA, Brandt ML, Stuil D, Yazbeck S. Mesenteric Cysts in Children. *J Ped Surg* 1991 ;26 :1306 -8.
5. Okur H, Kucukaydin M, Ozokutan BH,Durak AC ,kazeza koseo. Mesenteric , Omental and retroperitoneal cysts in children. *Eur J Surg*. 1997;163(9):673-7.
6. Akinola O, Adejuyigbe O, Dore F. Mesenteric cysts in Nigerians. *Centr Afr j Med* 1989; 35: 513 -7(s).
7. Prabhakaran K, Patankar JZ, Loh DL, Ahamed Faiz Ali MA. Cystic lymphangioma of the mesentery causing intestinal obstruction. *Singapore Med J* 2007;48 (10) ; e265-7).
8. Klein MD. Traumatic rupture of an unsuspected Mesenteric cyst; an uncommon cause of an acute surgical Abdomen following a minor fall. *Ped. Emergency case* 1996;12:40(s).
9. Vlazakis, cordkis, sanidas & E, Vlachakis I, Charissis G. Rupture of mesenteric cyst after blunt abdominal trauma. *Eur J Surg* 2000; 166:262-4 (s).
10. Takiff H ,Calabria R ,Yin L ,stabile BE. Mesenteric cysts and intra abdominal cystic lymphangiomas. *Arch Surg* 1985;120;1266-9.(s)
11. Kamal Nayan Rattan, Vimoj J Nair, Manish pathak, Sanjay kumar. Pediatric chylolymphatic mesenteric cyst –a case series. *journal of medical case reports* 2009;3:111.
12. Losanoff JE , Richman BW , E1- Sherif A, Rider KD,Jones JW. Mesenteric cyst lymphangioma. *J Am Coll Surg* 2003;196(4); 598-603.