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 lymphangiomas. We report this case because of its rare occurrence and varied presentation.

Keywords: mesenteric cyst, lymphangioma, intra abdominal

INTRODUCTION

Mesenteric cystic lymphangiomas 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 laperotomy 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 haemorrhagic 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.

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 hospital. Mesentric cyst are most common in 4th decade of life but may also effect young children. They appear to have no significant gender or race predeliction. Cysts are most commonly locate within mesentry of ileum followed by omentum mesocolon, and retroperitoneum.

**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.

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

**DIFFERENTIAL DIAGNOSIS**

Cystic lesions of mesentry includes lymphangiomas, pancreatic pseudocyst, chylolymphatic cyst, hemangiomia, endometriosis, peritoneal inclusion cyst, cystic mesenteric pancreatitis( sclerosing mesentritis), hydatid cyst and cystic teratoma.

Cystic lymphangiomas has striking resemblance to chylo lymphatic cyst both grossly and microscopically. Some authors considered chylo lymphatic mesentric cyst to be a type of lymphangiomas but some literatures also shows authors describing chylo lymphatic cyst as a variant of mesenteric cyst. The absence of smooth muscle and lymphatic spaces in the wall of the cyst differentiates chylo lymphatic mesenteric cyst from mesenteric lymphangiomas.

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

The cystic lymphangioma may grossly resamble 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**

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