

Greater Omentum Lymphangioma Presenting as Acute Abdominal Lump: A Rare Case Report

K.N. Rattan¹, Ishani Arora^{*2} and Rishabh Batra²

¹Department of Pediatric Surgery, PT. B.D. Sharma PGIMS Rohtak, UHSR, Haryana, India

²Department of Pediatric, PT. B.D. Sharma PGIMS Rohtak, UHSR, Haryana, India

Abstract

Greater omental lymphangioma are the least common variety of intra-abdominal lymphangiomas. We are reporting a case of omental lymphangioma in a 9 yr male child presented with acute onset abdominal lump. The case was managed successfully by total surgical excision of the lymphangioma and was confirmed by histopathological examination. Due to rarity of this finding, we are prompted to report the case.

Publication History:

Received: June 09, 2018

Accepted: June 09, 2019

Published: June 11, 2019

Keywords:

Lymphangioma, Cystic mass, Omental, CT scan, Surgical excision

Introduction

Lymphangiomas are large areas of lymph node basins [1]. Most common site for lymphangiomas is usually head and neck portions. Intra abdominal lymphangiomas comprise less than 5% of all lymphangiomas in the pediatric age group [2]. These can be retroperitoneal, mesenteric and omental lymphangioma depending upon sites. Omental are less common than other intra abdominal lymphangioma and was first reported by Gairdner in 1852 [3]. In children an average incidence of omental lymphangiomas is 1:100,000 admissions [4].

Case Report

A 9 yr old boy presented to us with abdominal mass from last 20 days in upper abdomen. Mass was not associated with abdominal pain, fever, vomiting, constipation or any other systemic signs. General condition of child was stable, he was afebrile vitals within normal

range. All hematological and biochemical investigations were within normal limit. On examination mass was cystic in consistency, with size 12*7 cm, non-tender, mobile with limited downward movement. There were no local inflammatory signs. X-ray abdomen showed homogenous opacities with no air fluid levels. USG abdomen revealed multilocular fluid filled cystic mass. CT scan (Figure 1) showed large well defined cystic lesion extending from lesser sac to right iliac region with mass effect on gall bladder and adjacent gut loops.

Right supra umbilical muscle cutting incision was given, and abdomen was opened in layers, a large multicystic mass was seen size approximately 25*20 cm with haemorrhage in few cysts (Figure 2). Lesion was excised in toto and histopathology confirmed the finding of lymphangioma (Figure 3).

Abdomen was closed in layers. Post-operative course was uneventful and child was discharge on 10th post operative day.

Discussion

Lymphangiomas contains large areas of lymph node basins, suggesting a congenital etiology [1,5]. They are believed to arise from continued proliferation of ectopic lymphatic structures that have no apparent communications with the normal lymphatic system and are considered embryonic in origin [6,7]. Pathologically, these lesions are single or multiple and can be unilocular or multilocular containing fluid which may range from a clear, straw-colored liquid to a thick cheesy-white material which is thought to be inspissated lymph fluid. Most reported cases has occurred in adult, while only about one third of cases are reported in children younger than 15 years [8]. Omental lymphangiomas are usually benign and asymptomatic. Clinical presentation is variable and non-specific, and most of these are even asymptomatic and subjective until they present with acute symptoms of vomiting, fever, abdominal pain and even peritonitis. The majority of omental cysts are discovered incidentally and most of the symptoms appear to be related to complications, including torsion, hemorrhage,

*Corresponding Author: Dr. Ishani Arora, Department of Pediatric, PT. B.D. Sharma PGIMS Rohtak, UHSR, Haryana, India, Email: ishaniarora.14@gmail.com

Citation: Rattan KN, Arora I, Batra R (2019) Greater Omentum Lymphangioma Presenting as Acute Abdominal Lump: A Rare Case Report. Int J Surg Surgical Porced 4: 142. <https://doi.org/10.15344/2456-4443/2019/142>

Copyright: © 2019 Arora, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

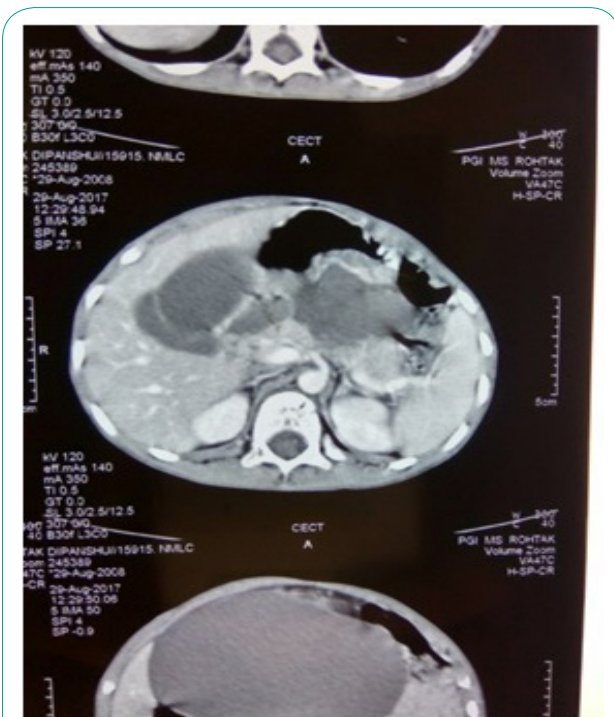


Figure 1: NCCT abdomen.



Figure 2: Intra operative picture showing large multicystic mass with hemorrhage.

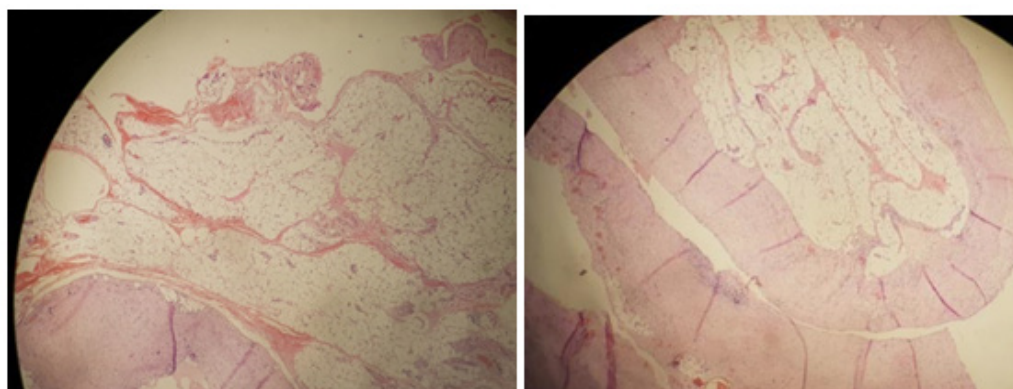


Figure 3: H&E, 100X showing lymphangioma.

infection, and compression of adjacent organs [9,10]. Diagnosis is usually by clinical examination and radiological modalities x-ray, USG, CT scan. On CT -scans, lymphangiomas are thin walled multi-septated cystic masses and CT-scan usually can provide information regarding the anatomical location, adjacent organ involvement, size and complications. In our patient, large cystic mass was noted on CT-scan, in view of pressure effect on intra-abdominal organs early elective surgery was planned. Common differential diagnosis of intra-abdominal cystic masses include intra-abdominal abscesses, pancreatic cysts, retroperitoneal tumors, mesenteric cysts and duplication cysts of the bowel. The definitive treatment is complete surgical excision.

Competing Interests

The authors declare that they have no competing interests

References

1. Gordarts S (1966) Embryological Significance of lymphangioma. Arch Dis Child 41: 1204-1206.
2. Luo CC, Huang CS, Chao HC, Chu SM, Hsueh C, et al. (2004) Intra-abdominal cystic lymphangiomas in infancy and childhood. Chang Gung Med J 27: 509-514.
3. Gairdner WT (1853) A remarkable cyst in the omentum. Transactions of the Pathological Society of London 3: 185-191.
4. Walker AR, Putnam TC (1973) Omental, mesenteric and retroperitoneal cysts : A clinical study of 33 new cases. Ann Surg 178: 13-19.
5. Hilliard R, McKendry JB, Phillips MJ (1990) Congenital abnormalities of lymphatic system : a new classification. Pediatrics 86: 988-994.
6. Bassiouny IE, Abbas TO (2013) Omental cysts in children: Rare causes of abdominal masses (a report of two cases). Open J Pediatr 3: 418.
7. Fisher WH (1928) Lymphangioma Of Omentum. Ann Surg 87: 872.
8. Rahman GA, Johnson AW (2001) Giant omental cyst simulating ascites in a Nigerian child: case report and critique of clinical parameters and investigative modalities. Ann Trop Paediatr 21: 81-85.
9. Mohite PN, Bhatnagar AM, Parikh SN (2006) A huge omental lymphangioma with extension into labia majorae: a case report. BMC Surg 6: 18.
10. Bn W, Sn J, Kb G, Am B (2011) Mesenteric cyst causing acute intestinal obstruction: a rare occurrence. Trop Gastroenterol 32: 246-248.