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Lymphangioma circumscriptum-A case report

Rekha Matta M Ch[1], Jagadeesh Vaggar D M[1] and Rakhi Jagdale M D[2]
[1]Krishna Institute of Medical Science, India
[2]Shri Siddhivinayak Ganpati Cancer Hospital, India

Lymphangioma circumscriptum is a misnomer because this is not a true tumor-it is a malformation of the superficial lymphatics. Treatment is by surgical excision or laser therapy. Lymphangioma circumscriptum is caused by congenital or acquired blockage of the lymphatics resulting in backup of lymph into multiple small vesicles, giving a frogspawn appearance. Common sites are axilla, abdomen, extremities and mouth. We report a 40 year old lady presented with history of swelling in the right forearm of two years duration. The swelling had steadily been increasing in size with associated pain of one month duration. There was no preceding history of local trauma. Clinical examination revealed a non-tender, non-compressible, ovoid swelling in the flexor aspect of right forearm, 10 cm by 5 cm in size with diffuse border. Ultrasonography suggested a subcutaneous hemangioma. Contrast MRI displayed an ill-defined, heterogeneously enhancing subcutaneous lesion suggestive of subcutaneous hemangioma. Complete excision was done using right brachial block. Histopathological examination revealed a cystic lymphangioma. Post-operative ultrasonography confirmed the absence of any residual lesion. Patient is doing well at 6 months follow up. Lymphangiomas are malformations of the lymphatics. They can be localized or generalized, congenital or acquired. The classical types are: (1) lymphangioma simplex, (2) lymphangioma circumscriptum, (3) cavernous lymphangioma and (4) cystic lymphangioma. The term lymphangioma circumscriptum was coined by Morris et.al, in 1889. The pathogenesis was first described by Whimster in 1976. Acquired causes of obstruction of lymphatics are: (1) Tuberculosis, (2) filariasis, (3) lymphogranuloma venereum, (4) local radiotherapy and (5) lymph node malignancy-primary or secondary. The potential complications are: (1) cellulitis (2) hemorrhage (3) secondary infection and rarely (4) squamous cell carcinoma and (5) Dabska tumor-papillary intra-lymphatic hemangioendothelioma. Surgical excision is regarded as the most definitive treatment, giving the highest chance of cure with a recurrence rate of 17%-23%. The palliative modalities include sclerotherapy using hypertonic saline, electrocautery, electrofulguration, laser and light based device ablation. Diode laser with radiofrequency current devices have replaced electrocautery as these are more versatile due to their various therapeutic waveforms.

Biography

Rekha Matta has independently performed more than ten thousand cardiovascular and thoracic surgeries (adult & pediatric). She is currently working as a professor and HOD of Department of Cardiovascular and thoracic surgery at Krishna Institute of Medical sciences deemed university at karad, India.

rekhamatta@gmail.com

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