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Adult Abdominal Cystic Lymphangioma Revealed by Intra Peritoneal Hemorrhage: A Case Report

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Abstract:- Adult abdominal cystic lymphangioma was a very rare non yet elucidated pathology. In our case, it was revealed by intraperitoneal hemorrhage. Complete surgical excision allowed complication treatment and relapse avoiding.

Keywords:- *Case report, cystic lymphangioma, intra peritoneal hemorrhage.*

I. INTRODUCTION

Adult abdominal cystic lymphangioma was a very rare non yet elucidated pathology. Clinical presentation was variable. Complications was rare but potentially fatal [1].

Herein we present a case of adult abdominal cystic lymphangioma revealed by abdominal pain and anemia secondary to intra peritoneal hemorrhage. The work has been reported in line withSCARE criteria [2].

II. PATIENT AND OBSERVATION

A 24-years old woman with a medical history of chronic anemia thought to be secondary to metrorrhagia, complained about pain in the lower half of the abdomen lasting for one day without other signs. Physical examination revealed a temperature of 38°C with pale conjunctiva, and tenderness in the lower half of the abdomen. Gynecologic exam was normal. Biological exams confirmed an iron deficiency anemia. Beta-hCG levels were within normal range.After a brief resuscitation, the patient had an exploratory laparoscopy for suspected complicated appendicitis.Peroperative exploration revealed a hemoperitoneum in the Pouch of Douglas (Figure 1) with a 10 cm multicystic lesion arising from small bowel mesentery (Figure 2). No other lesions were associated. Because of the size of the lesion, laparotomy was performed. This lesion corresponded to surface scattered multiple cysts well-encapsulated with thin walls (Figure 3). Total excision was performed with isoperistaltic latero-lateralileo-ileal anastomosis. The postoperative course was uneventful. Histopathological exam revealed a multilocular intra-abdominal cystic lymphangioma with various-sized cystic spaces lined by attenuated endothelial cells arranged in a single layer. No recurrence was noticed after a regular follow up of 12 months.

III. DISCUSSION

Our case illustrated a complicated extremely rare pathology in adults revealed by abdominal pain associated to misdiagnosed chronic anemia. In fact, adult abdominal cystic lymphangioma accounted for less than 5% of all cystic lymphangiomas [3].Its etiology is still unknown even though primary lymphatic cysts failure to converge with the main lymphatic system was suggested [4,5].As in our case, abdominal pain constituted the most revealing symptom [6,7]. Unlike our case, imaging features allowed positive diagnosis with conservative treatment in asymptomatic cases [1]. It presented as a well-defined lesion with anechoic content and fine fibrous separating septa in abdominal ultrasound and as a homogenous hypodense lesion with non-enhanced contrast walls [8]. Surgical removal was indicated in front of complication as in our case [1]. Laparotomy was preferred for huge lesions [1]. Total resection as performed for our patient reduced relapse in comparison with partial excision [1,9].

IV. CONCLUSION

Adult abdominal cystic lymphangioma still a not fully understood pathology with various presentations. It has to be suspected in presence of evocator aspects. Complications implicate complete excision in order to treat the complication and to avoid recurrence.

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- **Informed consent:** Written informed consent was obtained from the patient for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal on request.

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LIST OF FIGURES

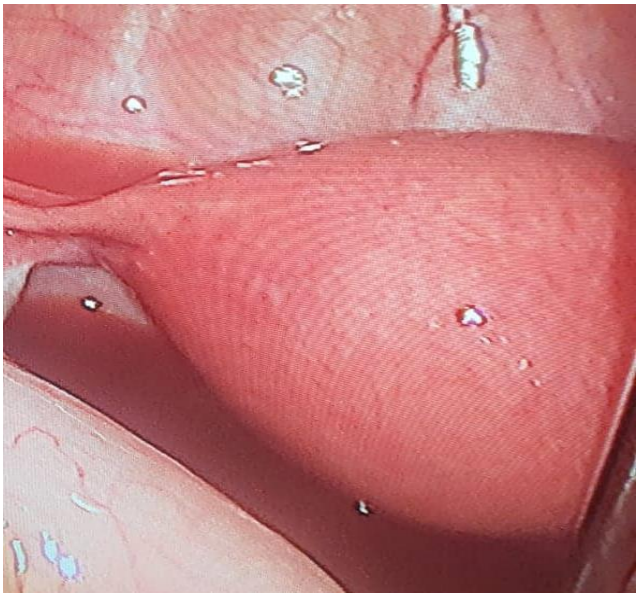

Fig. 1: Per operative vue laparoscopic demonstrating the presence of hemorrhagic fluid within the Douglas Pouch

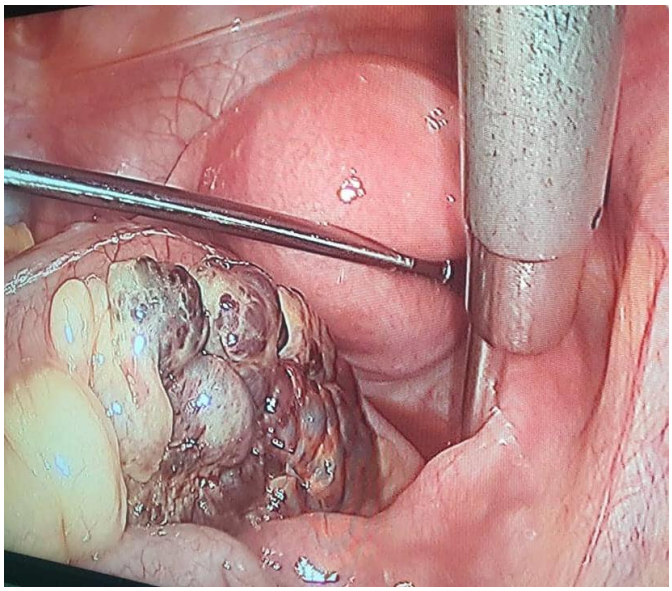

Fig. 2: Per operative laparoscopic vue revealing numerous cystic lesions arising from the mesentery

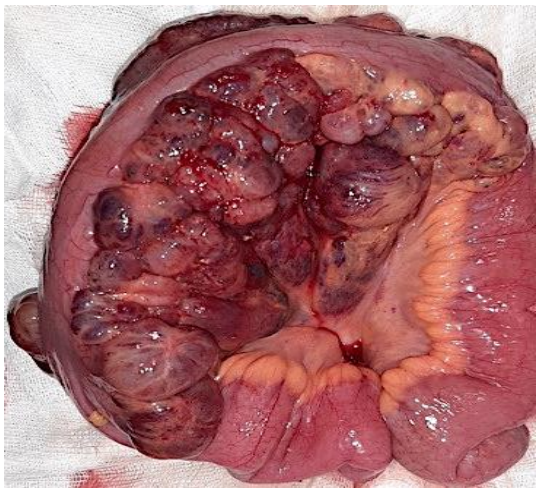

Fig. 3: Laparotomy vue confirming laparosocpic findings with huge muticystic lesion.

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