LYMPHANGIOMATOSIS OF SMALL INTESTINE WITH MULTIPLE CHYLOLYMPHATIC MESENTERIC CYSTS: A RARE CASE REPORT WITH REVIEW OF LITERATURE

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INTRODUCTION

- Lymphangioma is a benign, slow growing tumour characterized by proliferation of the thin-walled lymphatic spaces.
- Most lymphangiomas are found in the head and neck; intra abdominal locations particularly small intestine are very unusual.
- They result from an embryological failure of the lymphatic system: lack of communication between small bowel lymphatic tissue and the main lymphatic vessels result in blind cystic lymphatic spaces lined by endothelial layers.
- Clinical presentation is variable from asymptomatic lump to complications like intestinal obstruction, volvulus or even torsion of intestine.

CASE REPORT

A 2 year 6 months old boy was admitted with complaints of abdominal pain, vomiting, and abdominal distension of 6 month duration.
- USG of abdomen show multiple cystic lesion in the wall of intestine with dilated proximal bowel loop.
- Excision of around 12 cm ileum with cyst was done en bloc and sent for HPE

PATHOLOGIC FINDINGS

GROSS- Resected segment of terminal ileum received with attached part of mesentery. Multiple varying sized cystic nodules present more towards serosa and mucosa too. Thin milky fluid was drained out from the small cystic nodules. Attached multiple mesenteric cyst was also seen towards serosa , size varies from around 2-5 cm.

MICROSCOPY- The histological sections show variable sized, markedly dilated lymphatic channels throughout the bowel wall as well as in the mesentery, lined by flat tened endothelial cells. Few of them contain proteinaceous fluid. Mesentric cyst show presence of flattened cuboidal epithelium with presence of fibroconnective tissue. Few sub endothelial lymphoid follicles also seen.

The final diagnosis made was cystic lymphangioma with chylolymphatic mesenteric cyst.

CONCLUSION

- Lymphangiomas are exceedingly rare malformation of lymphatics in GIT with involvement of terminal ileum along with multiple mesenteric cyst.
- Definitive preoperative diagnosis may not be possible. However optimal surgical management can result in remarkably good prognosis.

REFERENCES