Image

Cystic lymphangioma of the lesser omentum in an adult

A 34-year-old woman presented to us with pain in the epigastrium. She had similar complaints 6 months back for which she was treated conservatively by her physician and was diagnosed as pancreatic pseudocyst on ultrasonography. Clinical examination revealed fullness in epigastrium with no tenderness. Ultrasound of the abdomen showed a cystic lesion in the lesser sac anterior to pancreas between left lobe of liver and the lesser curvature of stomach suggestive of pancreatic pseudocyst.

Gastroduodenoscopy showed an extrinsic compression on the lesser curvature of stomach with normal gastric mucosa. Computed tomography scan showed a cystic lesion measuring 12 cm X 5 cm X 2 cm in the lesser sac anterior to pancreas between left lobe of liver and the lesser curvature of stomach (Figure); the pancreas was normal. Exploratory laparotomy revealed a lobulated lesion measuring 12 cm X 5 cm X 2 cm containing clear fluid present in the lesser sac in close proximity to the lesser curvature of stomach and celiac axis. It was anterior to the pancreas and separate from it. The cyst was separated from vessels of the lesser omentum and removed intact. Histology confirmed it to be cystic lymphangioma of lesser omentum.

Cystic lymphangioma is a benign, slowly growing tumor derived from the lymphatic vessels. It is seen more frequently in childhood, and most cases are seen within the first five years of life. The most frequent location of the tumor is the head and neck. Intra-abdominal lymphangiomas are not common, and are usually retroperitoneal; few cases of lymphangiomas located in the lesser omentum have been reported. Diagnosis is made by abdominal ultrasonography and CT scan. The treatment is surgical and the definitive diagnosis is only made on histopathology.

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References

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