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Case Report

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OVARIAN CYSTIC LYMPHANGIOMAS: A CASE REPORT

El Mehdi El Hassani[1,2], Mounir Moukit[1]*, Abdellah Babahabib[1,2], Jaouad Kouach[1,2] and Driss Moussaoui[1,2]

[1]Department of Obstetrics and Gynecology, Military Training Hospital Mohammed V, Rabat, Morocco.
[2]Faculty of Medicine and Pharmacy, University Mohammed V, Rabat, Morocco.

***Corresponding Author: Mounir Moukit**

Department of Obstetrics and Gynecology, Military Training Hospital Mohammed V, Rabat, Morocco.

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ABSTRACT

Lymphangioma is a rare benign neoplasm of the lymphatic system comprised of multiple cystic spaces lined with endothelium. It may arise in any part of the body. Ovarian localisation is exceptional and only few cases have been documented to date. We report a case of a menopausal woman presented for chronic lower abdominal pain. Preoperative diagnosis of a suspected cystic mass in the right ovary was made on the basis of radiological imaging. Intraoperative findings were a large cystic mass originating from the right ovary which was removed and sent for frozen section examination confirming the diagnosis of an ovarian cystic lymphangiomas.

KEYWORDS: Lymphangioma; ovary; surgery.

INTRODUCTION

Lymphangiomas are rare, generally benign tumors of the lymphatic system comprised of multiple cystic spaces lined by endothelium. It may arise anywhere in the body. However, the ovarian localisation is exceptional and only few cases have been reported to date. We present a case of ovarian cystic lymphangioma in a menopausal woman that was successfully resected at laparotomy.

CASE REPORT

A 51-year-old menopausal woman presented in our department with chief complaints of a chronic lower abdominal pain appeared one year before. She denied any genito-urinary or gastrointestinal symptoms. On general examination, she was afebrile, with normal vital signs. Physical examination revealed a palpable abdominopelvic mass extending up to the umbilicus. Ultrasonography objectified a large abdomino-pelvic complex cyst, measuring 12cm/11cm. Magnetic Resonance Imaging (MRI) confirmed the presence of a suspected cystic mass in the right ovary. Routine laboratory tests and tumor markers (ACE, CA19-9, CA 125) were within normal limits. Laparotomy was performed. Peroperative exploration revealed an enlarged cystic mass adherent to mesosigmoid with a small amount of peritoneal effusion, without any excrescences or implantation on the peritoneum **(Figure 1)**. Peritoneal fluid was obtained for cytologic analysis followed by right oophorectomy (after adhesiolysis / **Figure 2**), and sent for frozen section examination which revealed a benign mesenchymal lesion with marked myxoid degeneration. Total hysterectomy with right salpingectomy and left salpingo-oophorectomy was done. The patient had an uneventful postoperative course and she was discharged on the fourth day after surgery. The final histopathologic report was ovarian cystic lymphangioma without evidence of malignancy.

DISCUSSION

Lymphangioma of the ovary was first described by Kroemer in 1908.[1] It is an extremely rare neoplasm of the lymphatic system. The lesion is considered benign but some cases of ovarian lymphangiosarcoma have been reported.[2] Usually, the lesion is unilateral but bilateral lesions have also been reported.[3] The etiology of ovarian lymphangioma is less understood, some authors suggest proliferation of lymphoid nests after inflammation, fibrosis or genetic predisposition; while other believe it as an end result of mechanical pressure, trauma, degeneration of lymph nodes, and disorders of the lymphatic vasculature.[4,5] Ovarian lymphangioma following radiation therapy has also been reported.[6] In our case, the adherence to mesosigmoid suggests an inflammation cause. Typically, ovarian lymphangiomas are slow-growing tumors that remain asymptomatic for a long time and they are most often found incidentally during imaging studies or at surgery or autopsy. Occasionally, as was in the present, they grow large enough to become symptomatic due to mass effect and compression of adjacent organs.[4] As with other adnexal masses, ultrasonography is the preferred imaging method. Computed tomography scan or MRI may add important preoperative information about anatomical relationships with other abdominopelvic organs. The gold standard treatment of ovarian cystic lymphangiomas is wide surgical excision with clear margins. Laparotomy and laparoscopy are both acceptable methods of

treatment. Other treatment modalities have also been described including aspiration and injection of sclerosant agents; however, these approaches are not recommended for elective therapy due to the high recurrence rates.[7]

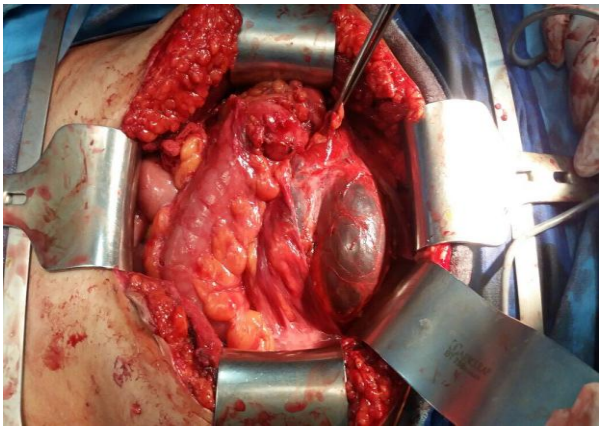

Figure. 1: Peroperative exploration revealed an enlarged cystic mass adherent to the mesosigmoid.

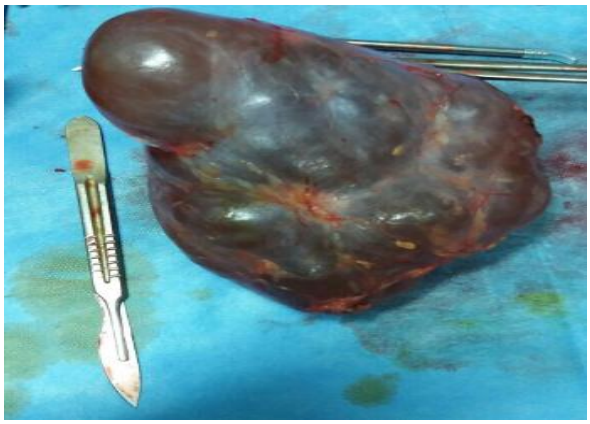

Figure. 2: Macroscopic view of the ovarian cystic lymphangiomas.

CONCLUSION

Cystic lymphangiomas should be included in the differential diagnosis of an ovarian cystic mass. Diagnosis is based on the histopathological and immunohistochemical examination. Surgical excision of the lesion with clear margins is the best method of treatment.

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Conflict of Interest: None declared.

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