Images for Surgeons

Cystic Lymphangioma Beyond Childhood: A Rare Adult Case

Linfangioma Cístico Além da Infância: Um Caso Raro em Adulto

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https://doi.org/10.34635/rpc.1175

Keywords: Abdominal Neoplasms/diagnostic imaging; Abdominal Neoplasms/surgery; Lymphangioma, Cystic/diagnostic imaging; Lymphangioma, Cystic/surgery

Palavras-chave: Neoplasias Abdominais/cirurgia; Neoplasias Abdominais/diagnóstico por imagem; Linfangioma Quístico/cirurgia; Linfangioma Quístico/diagnóstico por imagem

A 53-year-old woman with a history of a septated cyst in Morrison's pouch, stable at 9.5 cm, was referred to General Surgery due to the onset of intermittent right lower quadrant abdominal pain. An abdominal computed tomography (CT) revealed the lesion had grown to 16 cm (Fig. 1). For further evaluation, an abdominal magnetic resonance imaging (MRI) was performed, revealing a thinly septated cystic lesion between the inferior border of the liver, the anterior aspect of the kidney, and the ascending colon, measuring 16 × 6.1 × 8.4 cm (Fig. 2)

Surgical resection of cystic abdominal lesions is typically reserved for acute complications, severe symptoms, rapid growth, uncertain diagnosis, or failed conservative treatment. Although none were present, laparoscopic excision was performed due to the patient's anxiety.

The histologic examination of the specimen established the definitive diagnosis of an intra-abdominal cystic lymphangioma, considered either a congenital malformation or a result of obstruction of lymphatic vessels. It is rarely

Received/Recebido: 19/02/2026 **Accepted/Aceite:** 21/05/2026 **Published online/Publicado online:** 05/06/2026 **Published/Publicado:** 31/07/2026

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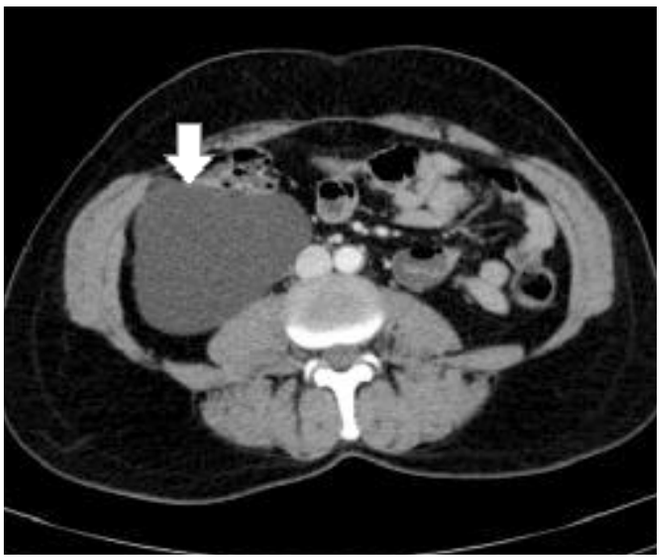


Figure 1: Abdominal CT transversal plan.

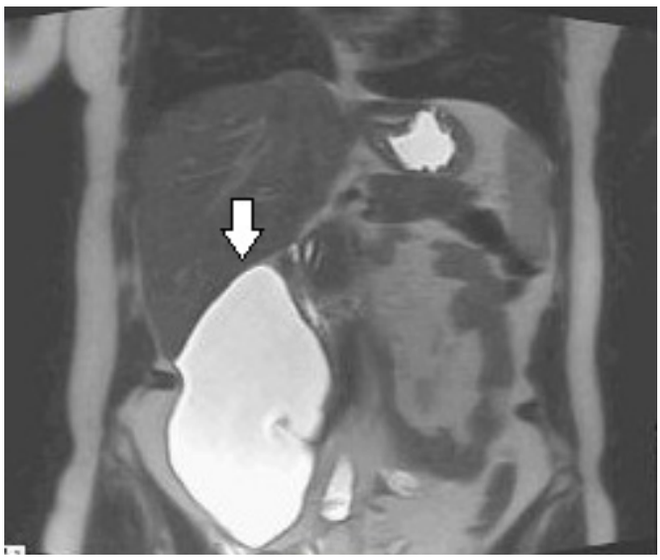


Figure 2: Abdominal MRI sagittal plan.

observed in adults and only 2% to 8% of cases present intra-abdominally. Besides, the majority of cases are asymptomatic and detected incidentally.

This report highlights the importance of maintaining a high index of suspicion for intra-abdominal cystic lymphangioma in adults. Surgical excision serves a dual purpose, providing both a definitive histopathological diagnosis and curative treatment. Moreover, the absence of classical surgical indications highlights the importance of individualized, patient-centered clinical decision-making. This approach not only ensured optimal patient management but also contributes to a better understanding of this uncommon condition.

ETHICAL DISCLOSURES

Conflicts of Interest: The authors have no conflicts of interest to declare.
Financing Support: This work has not received any contribution, grant or scholarship.
Confidentiality of Data: The authors declare that they have followed the protocols of their work center on the publication of patient data.
Patient Consent: Consent for publication was obtained.
Provenance and Peer Review: Not commissioned; externally peer-reviewed.

RESPONSABILIDADES ÉTICAS

Conflitos de Interesse: Os autores declaram a inexistência de conflitos de interesse na realização do presente trabalho.
Fontes de Financiamento: Não existiram fontes externas de financiamento para a realização deste artigo.
Confidencialidade dos Dados: Os autores declaram ter seguido os protocolos da sua instituição acerca da publicação dos dados de doentes.
Consentimento: Consentimento do doente para publicação obtido.
Proveniência e Revisão por Pares: Não comissionado; revisão externa por pares.

CONTRIBUTORSHIP STATEMENT

IMP: Writing original draft.
JC and MN: Writing and critical review.
All authors approved the final version to be published.

DECLARAÇÃO DE CONTRIBUIÇÃO

IMP: Redação do rascunho inicial.

JC e MN: Redação e revisão crítica.

Todos os autores aprovaram a versão final a publicar.

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