

Cystic Lymphangioma Beyond Childhood: A Rare Adult Case

Linfangioma Cístico Além da Infância: Um Caso Raro em Adulto

 Inês Mota Pinto¹, Jorge Costa¹, Mário Nora¹

1. Serviço de Cirurgia, ULS-EDV, Santa Maria da Feira, Portugal

Corresponding Author/Autor Correspondente:

Inês Mota Pinto [ines.p.ferreira@ulsedv.min-saude.pt]

Morada: Rua Monte da Coutada, n.º 7, Lomar, Braga, 4705-717

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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

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Figure 1: Abdominal CT transversal plan.

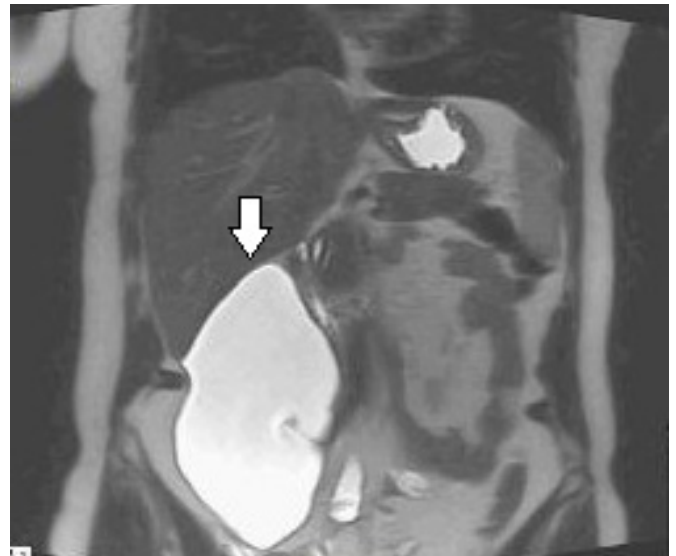


Figure 2: Abdominal MRI sagittal plan.

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.

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IMP: Redação do rascunho inicial.

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