Adult Cystic Lymphangioma in Posterior Omentum Cavity

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Abstract

A cystic lymphangioma is a non-malignant tumor that arises from the lymphatic vessels, we report the case of a 60-year-old female patient, presenting with chronic abdominal pain, An abdominal computed tomography was performed, revealing a cystic lymphangioma located in the posterior cavity of the omentum.

**K w : ** Cystic; Lymphangioma; Imaging; Omentum

**Ca R **

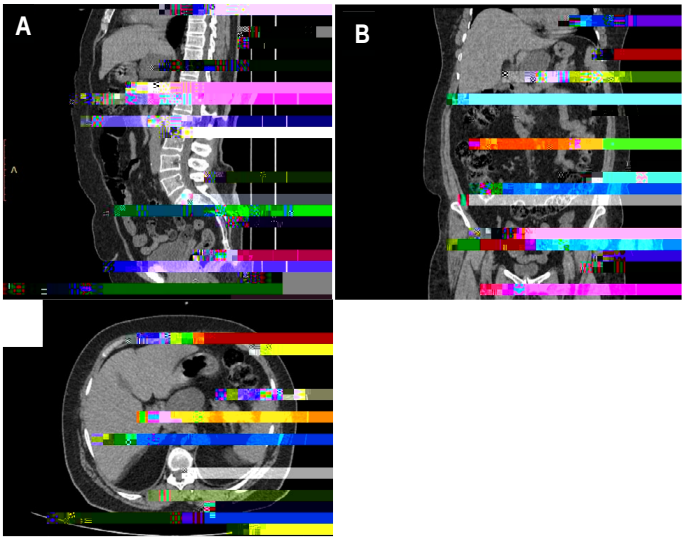
A cystic lymphangioma is a non-malignant tumor that arises from the lymphatic vessels [1]. e suggested cause is an embryological anomaly, where primary lymphatic cysts do not properly connect with the main lymphatic system [2].

We report the case of a 60-year-old female patient with no signi cant medical history, presenting with chronic abdominal pain, evolving in the context of afebrile condition, and maintaining general well-being. e clinical examination revealed A mild pain in the epigastric region without a mass syndrome.

An abdominal computed tomography was performed, revealing a hypodense mass of pure liquid density, unilocular, with a thin and regular wall, without septa or vegetations, measuring 51x51x45 mm (APxTxH), located in the posterior cavity of the omentum, respecting adjacent structures (Figure 1).

Over 80% of lymphangiomas are diagnosed in the rst year of life, with rare cases in adults. Gender distribution in adulthood is roughly equal [1].

Cystic lymphangiomas (CL) can develop in various anatomical locations, predominantly in the cervical and axial regions. Intra-abdominal cases are rare, comprising less than 5%, and are most commonly located in the mesentery, greater omentum, mesocolon, and retroperitoneum, with even rarer cases in the posterior cavity of the omentum [1,3].



Cystic lymphangiomas are o en asymptomatic, with clinical presentations varying based on size and location. Complications may lead to acute scenarios such as cystic hemorrhage, secondary infections, and obstruction of urinary, biliary tracts, and intestines [3].

Diagnostic imaging involves radiological methods, with ultrasound as the primary screening modality, revealing distinct features. Computed Tomography (CT) scans depict a low-density cyst with a smooth shell, and Magnetic Resonance Imaging (MRI) enhances characterization, showcasing low-signal masses in T2-weighted and high-signal masses in T1-weighted sequences [1,2].

Di erential diagnoses for cystic lymphangioma include lymphoma, hydatid cysts, ovarian cysts, digestive duplication, mucinous cystadenomas, and mesenteric cysts [1].

e de nitive treatment for abdominal cystic lymphangioma is radical excision, even in asymptomatic cases. However, with increasing tumor size, radical resection becomes more challenging, elevating the risk of local recurrence [3].

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