A Case of Lymphangioma Circumscripturn

BİR LENFANGIOMA SİRKUMSKRIPTUM OLGUSU

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SUMMARY

Benign lymphangiomatous disorders of the skin are uncommon. Here in 9-year-old female patient with a large mass in her thigh and buttock is presented and in this subject literature was reviewed.

Key Words: Lymphangioma circumscripturn, Classic type


ÖZET

Çilin kanalı hülü lenfangiomatöz hastalıklarına az rastlanır. Burada 9 yaşında bir kız hastada uyuluk ve kalça da yer almış büyük kitle şeklindeki lenfangiom olgusu sunuldu ve bu konuya-ya ilgili literatür gözden geçirildi.

Anahtar Kelimeler: Lenfangioma sirkumskriptum, Klasik tip

T Klin Dermatoloji 1996, 6:128-130

Benign lymphangiomatous disorders of the skin are uncommon (1). Peachey et al. have divided cutaneous lymphangioma into three main group cystic higroma, localized lymphangioma circumscripturn and classic lymphangioma circumscripturn (2). The classic type lymphangioma circumscripturn was first described in 1879 by Fox and Fox under the name lymphangitiedaeis. Morris first used the term Lymphangioma circumscripturn in 1889 (3). Classic lymphangioma circumscripturn is confined to one region of the body. Common sites of involvement are chest, thigh, buttock or proximal portion of limbs (2,4,5). The perineum, tongue, buccal mucosa, eye lids and conjunctiva are less frequently involved (1,4,6). The lesion of classic lymphangioma circumscripturn may be size of 7 cm or larger (5-8). It is more common in females and usually is present at birth or appear early in life. Lymphangioma circumscripturn characterized of thin walled vesicles usually filled with clear colourless fluid but occasionally discoloured by the presence of altered blood. In these area skin slightly thickened and subcutaneous tissue which may contain palpable cysts. Peachey et al described classic lesions involving larger skin areas, which are produced by rhythmically contracting muscle coated cisterns in the subcutaneous lesions (2,3,5).

CASE REPORT

A 9-year-old female patient presented with a painless soft mass on her thigh and buttock appeared at birth. The mass was 30x40x50 cm in diameter. There were vesicles on the distal part of the lesion. There was not recurrence 6 months after the surgical therapy.

Light microscopic examination showed hyperkeratosis, mild papillomatosis and acanthosis of epidermis. Greatly dilated lymph vessels lined with a single layer of endothelial cells are presented in papillary and deeper zones of the dermis and the subcutaneous fat. Epidermis was thinned over some of the lymph cysts (Figure 1,2). A few vessel were filled with erythrocytes and had valves on their wall (Figure 3).

DISCUSSION

Benign lymphangiomatous disorders divided into primary and secondary lymphangioma that are not differentiate histopathologically from each other (1). Cutaneous lymphangiomas were classified by authors with different terms (2). The classification of these lesions is shown in Table 1.

We used the terms of Peachey classification in our report. Classification of lymphangioma is essential for planning of treatment and prognosis (2). Patients with cutaneous lymphangioma may suffer recurrent episodes of cellulitis, pain, and copious drainage of lymphatic fluid or cosmetic problem and surgical excision my be necessary. The association of lymphangioma circumscripturn

Received: 25.01.1996

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*This case report was presented as a poster in First Clinicopathological Colloquium in Ankara, Turkey (15-17 September 1995)
Figure 1. Epidermis was thinned over some of the lymph cyst. HEx80

Figure 2. Dilated lymph vessels in the deeper zone of the dermis. HEx200

with diffuse edema of a limb is seen rarely (5). However lymphangiosarcoma arising from a previous area of lymphangioma circumscriptum has not been recorded (9). In two cases the site of lymphangioma circumscriptum had been exposed X irradiation lymphangiosarcoma had been developed.

Surgical excision of skin and underlying subcutaneous tissue is 75-100% curative (4,10). Cautery, cryotherapy, X-ray, CO2 laser vaporisation have been used in treating surgically in accessible sites to improve cosmesis, and to prevent complications. However none

Table 1. Classification of cutaneous lymphangioma

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<tr>
<th>Classifications</th>
<th>Clinical Features</th>
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<tr>
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<td>Deep Cystic Mass (no surface changes)</td>
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<td>FLANAGAN and HELWIG</td>
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<td>WEGENER</td>
<td>Cystic Lymphangioma</td>
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*Kin J Dermatol 1996, 6*
of these methods of treatment prevent recurrences. It is difficult to evaluate different types of treatment prevent re-
currences. It is difficult to evaluate different types of treat-
ment in patients with lymphangioma circumscriptum be-
cause there have been no comparative trials (2,10,11).

Because of big size and localization of our case had
difficulties for surgical therapy and may change to recur
in future. This is case of lymphangioma circumscriptum
regard to her clinical and histopathological findings.

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