

Abdominal Lymphangioma presenting acutely with an Amebic Liver Abscess; mimicking Peritonitis and leading to an Error in Diagnosis.

Parvez Davis Haque, Amit Mahajan, Michael Deodhar, Paraney Pawar

Department of Surgery, Christian Medical College and Hospital, Ludhiana, Punjab, India

Abstract : Lymphangiomas are rare, benign congenital malformations commonly seen in children , only a few cases have been reported of mesenteric lymphangioma in adolescence. In this young patient the lymphangioma had probably remained asymptomatic till ongoing sepsis due to the liver abscess and deranged bleeding parameters, became symptomatic following haemorrhage within it. We discuss this case , as preoperatively there was an error in diagnosis however , with an additional surprise element like the lymphangioma intraoperatively, the management and the decision to operate did not change.

INTRODUCTION

Lymphangiomas are benign congenital lesions of vascular origin that show lymphatic differentiation. Lymphangiomas occur in many anatomic locations, a rare benign congenital malformation of the lymphatic system that is commonly seen in children. Most (95%) occur in the neck and axillary regions; the remaining 5% are located in the mesentery, retroperitoneum, abdominal viscera, lung, and mediastinum. Referred to as cystic hygroma or cystic lymphangioma or microscopic cysts (cavernous lymphangioma), lymphangiomatosis is a disease with multi-focal lymphatic proliferation and involves multiple parenchymal organs including the lung, liver, spleen, bone, and skin. There are only a few case reports of mesenteric lymphangioma in adolescence.

CASE REPORT

24 yr old male presented to the emergency department with complaints of fever for 10 days, generalized abdominal distension for 3 days and severe abdominal pain with obstipation for a day. Being a pharmacist he had been on self prescribed medication – tablet ciprofloxacin and paracetamol for 3 days prior to presentation .On examination patient was hemodynamically stable ; had tachycardia ,was febrile . Abdominal examination revealed features of peritonitis. An erect chest x-ray done revealed right sided pleural effusion with absence of air under the right dome of diaphragm.

Laboratory investigations enlisted in the Table 1 and 2 .

Table 1

Hemogram	Hb – 9.2, Htc- 23.200 Platelets – 3.52lac PT-18.1/11 APTT- 47.9 / 27
Blood group	A +ve
Renal function	Normal
Liver function	Bil(T/D) – 0.9/0.1 Prot/Alb – 7.8/2 ALP – 177 SGOT/SGPT – 59/61 GGT – 92

Table 2

Amebic serology	Positive
Hydatid serology	Negative
Widal	Negative
Blood culture	Negative
Pus culture [liver abscess]	Negative

Ultrasound of the abdomen revealed an abscess approx 10cm x 12 x 8.9 cm involving segment 6 and 7 of the liver with a volume of 1100 cc abutting the diaphragm with right sided pleural effusion and loculated ascitis noted in the entire abdomen. With a provisional diagnosis of a probable ruptured liver abscess, exploratory laparotomy was done. Intraoperatively there was 1000cc of straw colored fluid in abdomen ,liver abscess was noted , intact and bulging, in the superior aspect of the right lobe of the liver. A large, bluish lobulated, cystic mass approximately 15cm x 11cm x 15cm was noted in the infra-colic compartment with thin adhesions to the small and large bowel. The entire small bowel was collapsed and pushed towards the right infra colic recess by the mass. A pedicle extending from the mass to the left infra-colic recess, attached the phreno-colic ligament, from which it seemed to be deriving its blood supply. Splenic hilum and tail of pancreas were free . The pedicle was ligated close to the splenic flexure ,and by adhesiolysis the mass was removed

from the abdomen, with open drainage of the liver abscess. The cystic mass had areas of haemorrhage seen over its surface , weighed 5.5 kilograms . Histopathological examination were suggestive of a multiloculated lymphangioma with hemorrhage as illustrated in Fig 1 and 2. Postoperatively patient had an uneventful recovery , was started on amebicides as amebic serology came positive.



DISCUSSION

Lymphangiomas are of vascular origin that show lymphatic differentiation. Only 5% are located in the mesentery, retroperitoneum, abdominal viscera, lung, and mediastinum, majority (95%) being found in the neck and axillary regions¹. Lymphangioma are rare, benign congenital malformation commonly seen in children, only a few cases reported of mesenteric lymphangioma in adolescence^{2,3,4}. Total surgical resection is the best treatment option to prevent complications and to decrease the risk of recurrence⁵.

In this patient the lymphangioma had probably remained asymptomatic all this time. However, with ongoing sepsis due to the liver abscess and deranged bleeding parameters, manifested following haemorrhage within it. The lesion, even if nonexpansive, may come to infiltrate the neighboring viscera, impairing function; bleeding, infection or rupture can also occur. In our case, the patient had never had any illness implicating the lymphangioma as the culprit and remained asymptomatic throughout , till a coexisting liver abscess led to the complications of intra lesional haemorrhage. Early and total surgical resection is the best therapeutic option to prevent complications and to minimize the risk of recurrence.

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Correspondence: Dr. Parvez, David Haque, Associate Professor, Department of Surgery, Christian Medical College and Hospital, Ludhiana, Punjab, India e-mail: pdhaque@gmail.com
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