

A Rare Site Of Unilateral Leg Swelling

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INTRODUCTION

Lymphangioma commonly occurs in children before 2 years of age. It can occur at birth and sometimes missed. It can occur at many different places in the body including face neck and limbs. Cavernous Lymphangioma commonly involves the limbs. Surgery have been the best treatment modality, however it is usually complicated with local recurrence and requires further resection¹.

CASE REPORT

A 13 years old girl presented with swelling over her right leg (Figure 1) since birth which was progressively increasing in size. She has on and off pain with hemoserous discharge. It was 12x10cm in size with soft to firm consistency, nontender and nonmobile. There is hyperpigmentation overlying the lump (red to dark purple color)

MRI (figure 2) showed a large well-defined non-enhancing heterogenous soft tissue mass. The mass confined to subcutaneous layer and overlying skin. No intramuscular infiltration.

Surgery done was excision biopsy (figure 3 & 4) and secondary suturing. Wound has been well healed. She is able to ambulate well and no sign of recurrence of the swelling.

HPE results shows a poorly defined lesion, composed of thinned-walled blood vessels, of variable calibre that are lined by a single layer of flattened endothelium. The intervening stroma is fibrous and collagenous.



Figure 3

Figure 4

DISCUSSION

Cavernous Lymphangioma usually requires surgery for symptomatic relieve. They have no malignancy potential. Surgery should not be done too aggressively as scarring or hypertrophic tissue may be the outcome. Excision biopsy is done for conformation and tumor removal. Newer methods such as injecting OK-432 (Picibanil)² after surgical treatment will prevent recurrence and reduce fluid accumulation. OK-432 is also able to be used in all age group and has had more than 50% of patients in remission³. However, further studies need to be done especially on long term follow up to understand the complication of this drug.

REFERENCES

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Figure 1

Figure 2