Giant Mesenteric Lymphangioma

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A 34-year-old man presented at the urology department with prostatitis and was put on antibiotics. He had no history of abdominal pain or weight gain. Seven days later, he underwent ultrasonography of both kidneys. As the left kidney could not be displayed, a magnetic resonance image (MRI) was ordered. This showed a multicystic tumor extending from the diaphragm to the lower abdomen and involving the spleen. Upon laparotomy, a 43 × 15 × 8 cm tumor and the spleen were removed. The tumor, a multicystic lymphangioma, weighed 2,080 g.

Cystic lymphangioma is a rare benign congenital malformation of the lymphatic system that is commonly seen in children. There are only a few case reports of mesenteric lymphangioma in adolescence [1, 2]. The tumor, 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 that required such imaging procedures as sonography, computed tomography (CT) or MRI, so the tumor had remained undetected.

The symptoms vary from an unspecific feeling of pressure to acute abdomen. Imaging studies may suggest giant mesenteric lymphangioma, but only histology will provide a definitive diagnosis. Early and total surgical resection is the best therapeutic option to prevent complications and to minimize the risk of recurrence [3].

Fig. 1. MRI showing a giant mesenteric lymphoma in the left half of the abdomen.

Color version available online

Color version available online

Fig. 2. Intraoperative view of the giant mesenteric lymphangioma after partial mobilization.

Fig. 3. Surgical specimen of the giant mesenteric lymphangioma removed together with the involved spleen.

References

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