LYMPHATIC ANGIOMA OF MESENTERY OF THE SMALL INTESTINE
– A CASE REPORT

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The authors presented a rare case of lymphatic angioma of mesentery of the small intestine. The patient underwent successful surgery. The study presents clinical symptoms, diagnostic and therapeutic problems in patients with lymphatic angiomas.

Key words: lymphatic angioma, lymphangioma

Lymphatic angiomas (lymphangioma) are birth defects of the lymphatic system. Their ethiopathogenesis remains unexplained. Some authors classify them as hamartoma-type changes, others suggest defects of lymphatic-venous connections. They are most often observed in children, in the area of the head or neck. Lymphatic angiomas of mesentery of the intestine observed in adults are extremely rare (1:100 000 to 1:200 000 reasons for hospitalization), and in specialist literature only single cases are described.

CASE REPORT

The patient I.W., aged 63, was admitted to the Clinic on 16.11.2009, with an abdominal tumour discovered accidentally during an ultrasound examination. The tumour did not cause any complaints. Diagnostics prior to admission to the Clinic included CT, which showed a well-limited change of irregular shape, size 7.5x4.5 cm, in the front pelvis. Intestinal loops adhered to the tumour without clear pressure. No weight loss. In the past the patient did not suffer from any serious diseases. Family history insignificant for present disease. Six months before admission to the Clinic the patient lost all her hair. It was not possible to trace a reason for this or any connection with present disease. After routine tests (morphology, blood clotting, electrolytes, biochemistry of the blood, ECG, X-ray of the chest) and anaesthesia evaluation, on 19.11.2009 the patient was operated on. During the operation a soft, mulberry, white tumour with the diameter of about 8 cm from the small intestine mesentery (fig. 1, 2, 3) was discovered. The tumour did not drag the intestinal loop and did not narrow the intestinal lumen. The tumour was resected within the limits of healthy mesentery of the small intestine including the adjacent loop. End-to-end anastomosis was performed by hand with single-layer suture. No other pathologies were observed within the peritoneal cavity. Postoperative course was uncomplicated. The patient was released in good condition from hospital on the 8th day after the operation. Result of histopathology test of the tumour – lymphatic angioma (lymphangioma cavernosum).
DISCUSSION

In view of their casuistic character, the symptoms cannot be described as typical. Sometimes a soft, mobile tumour within the abdominal cavity can be observed. However, these tumours are detected accidentally during imaging examination of the abdominal cavity. Clinical symptoms such as mass effect, widening of the circumference of the abdomen or pressure on the alimentary canal occur very late, due to the 'soft' structure of the tumour and are a result of very advanced, extensive changes (1, 2). Peracute clinical symptoms such as acute abdomen are due to angiomatous complications such as bleeding within the tumour or from the tumour to the free peritoneal cavity (3, 4). They can occur as a result of a trivial injury of the abdomen.

Another complication is the twisted intestine with subsequent bowel obstruction, especially if lymphangioma concerns mesentery of the small intestine (5). Some angiomas cause non-typical abdomen pains and can lead to a general inflammatory reaction. Other symptoms difficult for diagnosis are alimentary canal bleeding or symptoms suggesting acute appendicitis. They may be detected during laparotomy connected with another disease or exploratory laparotomy (6). Mesentery angioma diagnosis is based on imaging examination (ultrasound, CT, MRI, PET), which are rarely of decisive character (7, 8). The obstruction – the hardening of the wall of the small intestine or intestinal loop pressure caused by the tumour can also be seen in the gastrointestinal passage. There are reports of capsule endoscopy and diagnosis of angioma in contact with the small intestine lumen (10). The treatment of lymphatic angiomas of mesentery of the small intestine is through surgery only and consists in their complete resection, often with adjacent part of the intestine (11). There are reports of laparoscopic resections. Biopsy or percutaneous aspiration of the angioma is not recommended, since, due to its multi-chamber character it does not bring positive therapeutic effects. Obliterating liquids should not be injected inside the angioma (11), either. Angiomas are benign changes and their complete resection heals the patient. Only tumours in the vicinity of important vessels of mesentery can be locally malignant. They must be differentiated from lymphangiosarcoma tumours, which are malignant tumours of bad prognosis (12).

In summary, it should be stated that accidentally diagnosed, asymptomatic angiomas should be qualified for surgery, since they are one of potential causes of 'acute abdomen', and the risk of complications exceeds the risk connected with elective surgery.
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Received: 18.06.2010 r.
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