CASE REPORT

BENIGN LYMPHANGIOMA OF THE JEJUNAL MESENTERY: AN UNUSUAL CAUSE OF SMALL BOWEL OBSTRUCTION

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ABSTRACT: Lymphangiomas are rare tumours of lymphatic vessels, most commonly found in children. We present the unusual case of small bowel obstruction caused by benign lymphangioma of Jejunal mesentery in a young man.

KEY WORD: Lymphangioma: Jejunal mesentery.

INTRODUCTION: Lymphangiomas are no longer considered to be truly neoplastic but rather may be the result of developmental failure of the original lymphatico-venous system. Three forms of lymphangioma are described:

- (i) Capillary lymphangioma,
- (ii) Cavernous lymphangioma,
- (iii) Cystic lymphangioma.

They consist of numerous small or large, thin walled lymphatic spaces. Approximately 50% of the lesions have an associated haemangiomatous element. Lymphangioma are rare benign tumors. They are preferentially located in head, neck and axilla in children. However lymphangiomas in the peritoneal cavity are extremely rare, particularly in adults. This report describes a case of an adult with a large lymphangioma of the jejunal mesentery.

CASE REPORT: A 22 year old man was admitted to hospital with small bowel obstruction.

On examination - The Abdomen was distended, with a palpable vague lump .It was presumed that his condition was caused by obstruction.

X-ray F.P.A.-showed multiple air fluid levels.

USG Abdomen-showed a large multilocular solid mass with obscure margins. CECT/MRI of Abdomen was advised, which were not done.

Emergency Exploratory Laparotomy was performed.

At operation he was found to have a large multiloculated cystic cum solid mass measuring 20cm x 15cm in the mesentery of the small bowel approximately 3 feet from the duodeno-jejunal flexure. The mesentery had undergone torsion through 180 around the mass resulting in obstruction and gangrene of the small bowel. The torsion was reduced and the gangrenous small bowel (upto Ileo-Caecal Junction), and mesenteric lesion were resected (Figure). An Ileo transverse anastomosis was done.

Histology showed this to be a benign lymphangioma of the small bowel mesentery with complete excision of the tumour. The tumour consisted of multiple cysts measuring up to 5 cm in diameter separated by fibrous or fibro muscular walls. The lymphangioma extended into the bowel wall, with increased lymphangiomatous spaces particularly prominent in the submucosa.

CASE REPORT

DISCUSSION: As already mentioned Lymphangiomas are no longer considered to be truly neoplastic but rather may be the result of developmental failure of the original lymphatico-venous system. Three forms of lymphangioma are described:

- (iv) Capillary lymphangioma,
- (v) Cavernous lymphangioma,
- (vi) Cystic lymphangioma.

They consist of numerous small or large, thin walled lymphatic spaces. Approximately 50% of the lesions have an associated haemangiomatous element.

Intra-abdominal lymphangiomas are rare, accounting for approximately 1 per 100 000 hospital admissions. They may develop in the mesentery of both the large and small bowel or less commonly in the retroperitoneal space.

Lymphangiomas are most often found in children, 40% presenting in the first year of life and 80% before the age of 5 years. There is a male to female ratio of 3:1.

In children, the most common presentation is with acute intestinal obstruction but in adults, chronic abdominal pain is more usual presentation with symptoms, mimicking appendicitis (due to secondary infection) and with anaemia (due to haemorrhage into the mass) have been described. Treatment is by surgical resection and complete excision is usually curative.

Mesenteric lymphangiomas are rare in adults. This case illustrates another unusual cause of small bowel obstruction in this age group.

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CASE REPORT

Lymphangioma_of_jejuneal_mesentry_1

lymphangioma_of_jejuneal_mesentry_2

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