LYMPHANGIOMA OF AXILLARY TAIL OF BREAST

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ABSTRACT

Lymphangiomas are congenital malformations of lymphatic vessels; 50% are diagnosed at birth, 90% by the age of 2 years. They are slow growing, but tends to infiltrate local surrounding tissues. They are commonly present in neck; axilla and breast are less common. Surgery is the treatment of choice. Radiotherapy and sclerotherapy are proven to be ineffective.

KEYWORDS

Cystic Lymphangioma.

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CASE REPORT

A 30-year-old female presented with complaints of lump in the left breast of 2 months' duration, which was insidious in onset, gradually progressive in size measuring 10*8 cm, not associated with pain. She had stopped lactating 14 months back. No significant past and family history.

Physical examination revealed a lump in left axillary tail region of breast measuring 11*8 cm (Fig. 1) soft, non-tender, not attached to overlying skin or underlying muscles with no axillary lymphadenopathy.

Basic investigations including blood, urine were within normal limits. FNAC of swelling showed haemorrhagic background with mature lymphocytes-Benign cystic lesion with features of chronic infection. USG breast (Fig. 3) showed a large multiloculated cystic lesion in axillary tail of breast-probably cystic lymphangioma axillary tail of breast. CECT (Fig. 2) showed a large, non-enhancing, multiloculated fluid to soft tissue attenuation lesion in the subcutaneous plane from left axilla to anterior chest wall-? Lymphangioma.

Under General Anaesthesia, Lazy S incision was put from anterior to posterior axillary folds. Findings included a multiloculated cystic lesion containing bluish transparent fluid, which was excised preserving axillary neurovascular structures (Fig. 4) 3 months of follow-up showed no recurrence.

Histopathological examination (Fig. 5 & 6) revealed dilated lymphatic spaces lined by endothelial cells containing clear fluid with few lymphocytes-features suggestive of cystic lymphangioma.

Fig. 1

Fig. 2

Fig. 3

Fig. 4

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DISCUSSION

Cystic lymphangiomas are rare lymphatic malformations resulting from retarded development or obstruction of primordial lymphatic channels. These commonly occur in the neck and involvement of the breast is extremely rare. Cystic lymphangiomas have been classified into simple, cystic and cavernous types.^{1,2}

70% occur in neck, 20% in axilla and 10% in abdominal viscera, retroperitoneum, skeleton, scrotum and very rarely in breast. Cystic lymphangioma may be associated with chromosomal abnormality (Turner's syndrome, trisomy 18, 13 & mosaic trisomy) and other anatomical abnormalities.

Diagnosis is by USG, CECT and MRI of the Breast. Surgery is the treatment of choice. (Sclerotherapy, irradiation, I and D, Cryotherapy are proved to be ineffective).³

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