Cystic Lymphangioma of the Pancreas
— A Case Report —

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Abstract

Cystic lymphangioma of the pancreas is very rare tumor and only few cases have been reported in the literature. CT findings has been described in only one case report. Authors present a case of cystic lymphangioma of the pancreas in 47 year old women showing a well defined huge cystic leacion on CT.

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Introduction

Lymphangiomas are benign congenital malformations of the lymphatic system usually affecting the neck and axilla1). Involvement of the visceral organs is less common2). Pancreatic lym-

phangioma, in particular, is very rare. Only a few cases have been reported in the literature3−7) and not studied by CT except for pandolfo3−8). We report a case of cystic lymphangioma of the pancreas with a brief review of the literature.

Case history

A 47-year-old women admitted with 10-year-history of postprandial epigastric discomfort and
indigestion. Physical examination revealed minimal tenderness over the right upper quadrant and epigastrium. No definite mass was palpated. CT demonstrated huge cystic lesion in the body and tail of the pancreas compressing the stomach anteriorly (Fig. 1, 2). The lesion was well defined and clearly separated from the adjacent structures. Attenuation value was 10 HU. The administration of contrast agent showed enhancement of a hypervascular capsule. The patient was explored with provisional diagnosis of cystic tumor of the pancreas.

At surgery, multilocular mass originating from the anterior and superior surface of the body and tail of the pancreas was resected. Cystic masses consist of three different size: largest $14 \times 10 \times 10$ cm, medium $10 \times 8 \times 10$ cm, small $3 \times 2 \times 3$ cm. Pathological diagnosis was cystic lymphangioma of the pancreas (Fig. 3).

**Discussion**

Although the origin of cystic lymphangioma is not known, they are developmental abnormalities (hamartomas) rather than true neoplasms. Of cystic lymphangiomas, 75% occur in the neck (cystic hygroma); 20% are found in the axillary region; the other 5% arise in the mediastinum, retroperitoneum, mesentery (mesenteric cyst), omentum (omentum cyst), pelvis, groin, spleen, bone, and skin. Cystic lymphangioma may at times develop from cavernous lymphangioma. When symptomatic, these tumors usually present in the first two years of life as a palpable mass in the abdomen or flank.

Pancreatic lymphangioma, in particular, is a very rare tumor. Only a few cases have been re-
ported in the literature and none studied by CT except for Pandolfo. In our case the lesion appeared as well encapsulated water density, multilocular mass indistinguishable from cystadenoma. Although our patient was unusual in that she presented with epigastric pain in the adulthood, the correct diagnosis was made preoperatively. CT was valuable because the low attenuation value of 10 HU suggested the presence of fat containing fluid.

In summary, a preoperative diagnosis of cystic lymphangioma can be suggested by appearance of CT.

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