

# Axillary Lymphangioma in Adult Patient

## *Erişkin Hastada Aksiller Lenfanjiyom*

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### **Özet**

Lenfanjiomlar erişkin hastalarda nadirdir. Bu rapor, omuz ağrısı ile aksiller bölgede lenfanjiyom gelişen 27 yaşında kadın olgu sunumudur. Hasta lenfanjiyom çıkarılması ile başarılı bir şekilde tedavi edildi.

**Anahtar kelimeler:** Erişkin, lenfanjiom, aksiller

### **Abstract**

Lymphangiomas are rare in adult patients. This is a case report of a 27-year-old female who developed lymphangioma in axillary area with shoulder pain. She was successfully treated with excision of the lymphangioma.

**Key words:** Adult, lenfanjiyom, axillary

### **INTRODUCTION**

Lymphangiomas are congenital disease of the lymphatic system. Lymphatic channels and cystic spaces are going to irregular size. The head and neck of human body are the most frequently exaggerated site are (1). Congenital lesions are generally affected children and most frequently first two years of life lustily associated Turner Syndrome. Occurrence in after two years of age is uncommon (2). In adults, predisposing factors include trauma, infection, or tumor growth may occur this disease (3). Natures of these diseases are benign but sometimes cause life-threatening complications. Treatment of diseases are frequently surgical, however the results are often unacceptable because of complications of surgery including injure to surrounding structures, nerves and blood vessels (1). We present lymphangioma in 27 old patient without predisposing factor and unusual localization.

### **CASE**

A 27-year-old women patient presented to our hospital with a complaint of left axillary mass and shoulder pain. She had no history of traumatic lesions, infective disease or upper extremity embolic symptoms. Event began as a small mass in axillary one year ago and there were no family history about tumors. Vital signs were in normal range, bilateral upper and lower extremity pulse were normal. Physical examination revealed a nonpulsatile mass in the left axillary area. Laboratory examination results were normal range. The chest X-ray was normal. In computed tomography, plans to muscle in the left axilla, the anterior and inferior areas, properly limited to approximately 11x7.5x8.5 cm, lobulated contour, contrast enhancement showing a hypodense cystic lesion. The patient underwent surgical management with general anesthesia. Lymphangioma stretched towards the breast and shoulder. The cystic mass (Fig. 1) was resected in left axillary area. The postoperative course was optimal and the patient was discharged on the 5th postoperative day. Pathologic review was consistent with a Lymphangioma (Fig. 2). She was discharged antibiotic and analgesic

medication per oral once a day. In her one year postoperative follow up, she was asymptomatic.

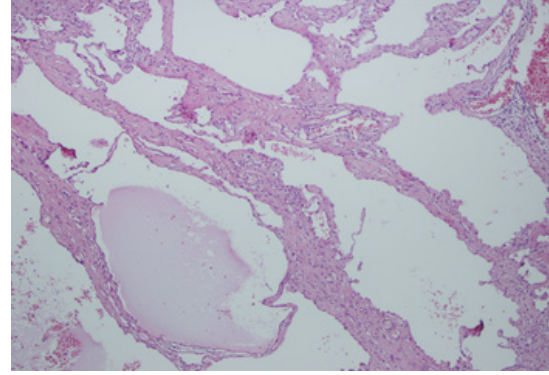
### **DISCUSSION**

Lymphangiomas are rare benign tumors of the lymphatic system and seen the first two years of life but our case is adult. These malformations presenting later in life are infrequent. The neck and mediastinum most frequently kept. Marshall reports that lymphangioma in the axillary area may occur the thoracic outlet syndrome. They need cervicothoracotomy to demonstrate the lesion. However, because they are benign lesions and not necessary of complete excision in their lesion (4). In our case we didn't need cervicothoracotomy.

Okazaki et al. were reported the lymphangioma of 182 children and were classified into three groups: (1) lymphangioma simplex, (2) cavernous lymphangioma, and (3) cystic lymphangioma or cystic hygroma (5-6). In our case pathologic review was consistent with a cystic lymphangioma. Excision of the cystic hygroma is the same opinion of the surgeons because of the risk of severe complication. Carefully surgical excision is the most traditional treatment. Other notorious treatments of this disease are radiotherapy and injection of sclerosant agents to the lesion. Celenk et al were reported that totally resection surgery most frequently made by surgeons and provides cure of disease but complication of this therapy few local recurrences, fistula malformation or infection (7). In our case, the lesions were totally resected. In conclusion, lymphangioma is a benign tumor. For a good prognosis benign lymphangiomas should be resected totally. In our case, we managed to perform complete resection without any complications. The findings of this study, the patient is of advanced age and unusual localization.



**Figure 1.** Intraoperative photograph demonstrating lymphangioma in left axillary area.



**Figure 2.** Image of cystic lymphatics showing single storey endothelial cells lying and some part of the lumen filled proteinaceous fluid (H-E x 100)

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