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RESEARCH

A rare cause of acute abdomen in childhood: coexistence of mesenteric cystic lymphangioma and acute appendicitis

Çocukluk çağında nadir bir akut karın nedeni: mezenterik kistik lenfanjiyom ve akut apandisit birlikteliği

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To the Editor**,**

Abdominal cystic lymphangiomas are benign congenital anomalies of the mesenteric and retroperitoneal lymphatics, which are not common in the literature[1]. Cystic lymphangiomas are benign proliferations of lymphatic vessels in which fluid-filled cysts are formed as a result of lymphatic system obstruction. It is generally seen in children and young adults[2]. Diagnosis is usually made by physical examination, ultrasonography, and computed tomography[3] Although they are usually asymptomatic, they may present with acute intestinal obstruction due to volvulus and intestinal infarction. In 58% of the patients, a painless, soft, and mobile mass may be palpable in the examination[4].

In this study, a patient with mesenteric cystic lymphangioma who underwent surgical treatment is presented. A result of the radiological examinations performed on a 17-year-old female patient who applied for intermittent abdominal pain and a mass in the abdomen as a result of the well-defined, septated mesenteric cystic lymphangioma and acute appendicitis were detected (Figure 2-3). The patient underwent a diagnostic laparoscopic procedure and then an open surgical treatment, and excision and resection anastomosis were performed on the mass surrounding the jejunum approximately 100 cm distal to the ligament of Treitz. The appendix had an inflammatory appearance and a fecaloid plug was detected in its lumen, and it was evaluated as acute appendicitis, and appendectomy was performed in the same session (Figure 1). The patient did not have any postoperative problems and was discharged with recovery on the 5th day after surgery. The case was diagnosed as "cystic lymphangioma" and acute appendicitis with the described clinical and pathological (Figure 4-5) findings. The patient is followed up in the 2nd postoperative month without any complaints.

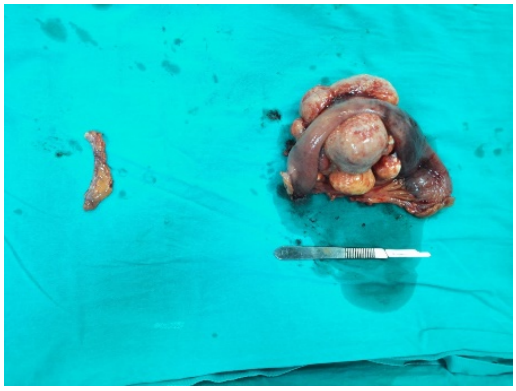

Figure 1. With the appendectomy material, there was a well-circumscribed multilobule cystic structure of approximately 10x10x6 cm and 5x1x0.5 cm in the mesentery, encircling the jejunoileal intestinal loop approximately 100 cm distal to the ligament of Treitz.

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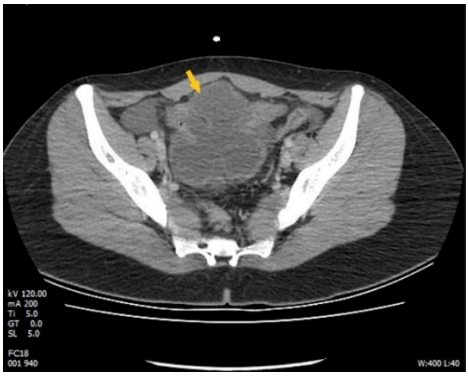

Figure 2. The image of the cysts in the section is indicated by the filled arrow in the contrast-enhanced tomography sections of the case.

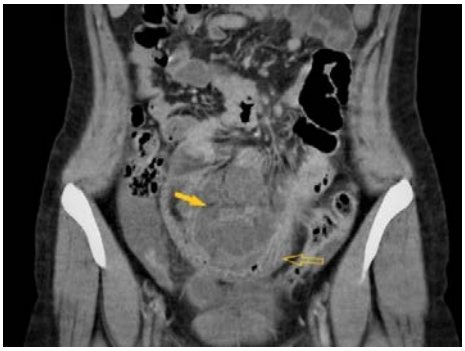

Figure 3. In contrast-enhanced tomography, the segment indicated by the solid arrow is the mass, and the segment indicated by the hollow arrow is the small intestine, which is thought to be the ileum.

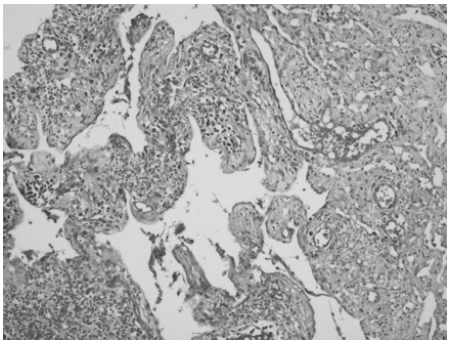

Figure 4. Cystic cavities on the serosal surface of the small intestine, lined with squamous cells of varying sizes, partially filled with erythrocytes (H&E x100).

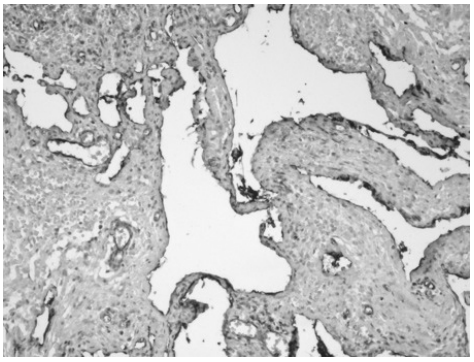

Figure 5. CD31 positivity (x100) in endothelial cells lining the cystic spaces.

In conclusion, although mesenteric cysts are asymptomatic, they can sometimes present with symptoms suggesting acute abdomen, as in our case. Although rare, mesenteric cystic lymphangioma should be kept in mind in such cases. This case was diagnosed as "cystic lymphangioma" and acute appendicitis pathologically after surgery, and it was found to be rare and reported to the literature by us.

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