

## EDİTÖRE MEKTUP / LETTER TO THE EDITOR

### Cystic lymphangioma of parotid gland in a 51 year old male

Elli bir yaşındaki erkekte parotid bezi kistik lenfanjiomu

Manas Bajpai<sup>1</sup>, Nilesh Pardhe<sup>1</sup>, Pradkshana Vijay<sup>2</sup>

<sup>1</sup>NIMS Dental College, Department of Oral and Maxillofacial Pathology, Jaipur, India

<sup>2</sup>KGMU Faculty of Dental Sciences, Department of Oral Pathology and Microbiology, Lucknow, India

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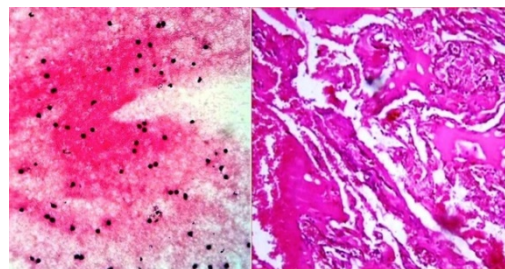
Dear Editor,

Cystic lymphangiomas (CL) are benign tumors of lymphatic system usually centered in the posterior triangle or the sub - mandibular space. Most of the lymphangiomas appear before the age of 2 years<sup>1</sup>. Very few cases of CL occurring in parotid gland of adults has been reported<sup>2</sup>.

A 51 year old male presented to the department of oral medicine and radiology for the evaluation of a swelling on his right cheek since 1 year. Past medical history of the patient revealed that patient was hypertensive and taking the medication for the same. Physical examination of the patient revealed an ovoid, painless, non – tender mass on the right parotid region measuring about 3×3 cm in diameter. (Figure 1a) Ultrasonography revealed a well defined hypoechoic area on the right parotid gland suggestive of a cyst. (Figure 1b) A provisional diagnosis of cystic lymphangioma was made and fine needle aspiration cytology (FNAC) was performed using a 22 gauge needle attached to a 10 ml syringe. A watery fluid was yielded from the lesion. 95 % alcohol fixed smear was prepared and Giemsa staining was carried out. Cytological examination revealed collection of mature lymphoid cells in a mucinous background. (Figure 2a) Patient referred to the department of surgery. A complete surgical enucleation was performed under general anesthesia and the specimen was sent to the department of oral and maxillofacial pathology for the histopathological evaluation. Post – operatively no nerve palsy and other complications found. Follow up period of one year was uneventful.



**Figure 1a.** Clinical picture of the swelling. **1b.** Sonogram shows a cystic lesion of right parotid region.



**Figure 2a.** FNAC shows lymphoid cells in mucoid background (Giemsa stain X20) **2b.** numerous dilated lymphatics, lined by single layer of endothelial cells filled by lymph (Hematoxylin and Eosin stain X40).

Histopathological evaluation of the tissue revealed numerous dilated lymphatics, lined by single layer of endothelial cells with flattened to ovoid nuclei, which were filled with lymph and occasional inflammatory cells. (Figure 2b) Based on all the

features a final diagnosis of cystic lymphangioma was given. Lymphangiomas are divided into three categories: capillary, cavernous, and cystic type, they are believed to arise from lymph sac sequestration and enlarge due to inadequate drainage, from lack of communication with the central lymphatic channels or excessive secretion of lining cells.<sup>3</sup> CL has the potential of extensive infiltration to the surrounding tissue leads to surgical difficulties<sup>2</sup>. Present case highlights the utility of FNAC in diagnosis of radiologically suspected cystic lesion.

## REFERENCES

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