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Olgu Sunumu

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Cystic Lymphangioma of The Fallopian Tube: Report of a Case

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ABSTRACT

Fallopian tube lymphangiomas are extremely rare lesions. It is uncertain if these tumors are true neoplasms or if some represent reactive lesions. We described an incidental cystic lymphangioma in a 69-year- old woman with a complaint of postmenopausal bleeding and pelvic pain. Almost all lymphangiomas are benign, but they can compress and infiltrate vital structures. To our best knowledge, cystic lymphangioma of the fallopian tube is extremely rare in the literature and may be secondary to the failure of the regional lymphatic drainage.

Key words*: lymphangioma, fallopian tube, histogenesis*

ÖZET

Fallopian Tüpün Kistik Lenfanjiyomu: Olgu Sunumu

Fallopian tüpün kistik lenfanjiyomları oldukça nadir lezyonlardır. Bu tümörlerin gerçek bir neoplazm ya da reaktif lezyonlar olup olmadığı açık değildir. Postmenopozal kanama ve pelvik ağrı şikayeti ile başvuran 69 yaşındaki kadın hastada insidental kistik lenfanjiyom olgusu sunulmuştur. Neredeyse tüm lenfanjiyomlar benigndir, ancak çevre yapıları sıkıştırabilir ya da hayati organları infiltre edebilirler. Bildiğimiz kadarıyla, literatürde oldukça nadir olan fallopian tüpün kistik lenfanjiyomu bölgesel lenfatik drenajın bozulmasına sekonder gelişebilir.

Anahtar kelimeler: *lenfanjiom, fallopian tüp, histogenez*

Lymphangioma is a rare benign soft tissue tumor which usually appears during the first 2 years of life (1). Although lymphangiomas affect almost any part of the body, its occurrence in the fallopian tube is extremely rare (2,3). They are brought to the attention of the obstetrician only if they reach a large size or cause a complication

CASE REPORT

We described a cystic lymphangioma in a 69-year- old woman who was admitted to the Department of Obstetrics Gynaecology of Pamukkale University, for postmenopausal bleeding and pelvic pain during the last six months. Physical examination revealed a large, palpable abdomino-pelvic mass. All tumor markers were below cut-off levels. The past medical history was unremarkable. On ultrasonographic examination, the mass was proved to be solid, consistent with leiomyoma and measured approximately 20 cm. Total abdominal hysterectomy and bilateral salpingo-oophorectomy was performed.

The uterus with attached cervix measured 22x16x11 cm and weighed 1722 g. The specimen demonstrated a subserosal multilobulated firm nodular mass measuring approximately 18 cm and an intramural leiomyoma. The cut surface was white to tan with a whorled trabecular appearance. No hemorrhage or necrosis was observed. In the left fallopian tubae, a multilocular cyst measuring 4 cm and containing clear, serous, gelatinous fluid, was resected.

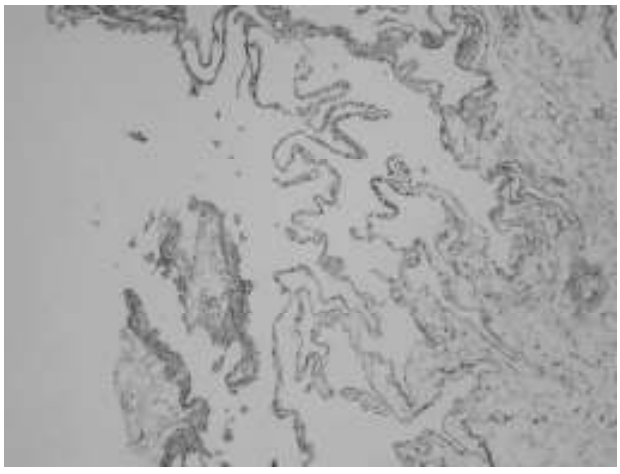

Figure-1. The dilated lymphatic channels lined by a single layer of bland appearing endothelium (H&E, x100, original magnification)

The microscopic examination of the cystic mass showed a tumor composed of numerous, thin-walled, cystic spaces containing a proteinaceous fluid, mature lymphocytes, and occasional erythrocytes (Fig- 1). The cyst walls were lined by flat, benign-appearing cells that were immunoreactive for CD34 (Fig–2,3). At the periphery of the mass, fallopian tube tissue was apparent. The diagnosis was Lymphangioma of the

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fallopian tube. Histopathologic examination of the ovaries and subserosal mass revealed corpus albicans, inclusion cysts, ovarian fibroma and leiomyoma uteri, respectively. The patient was discharged without complication.

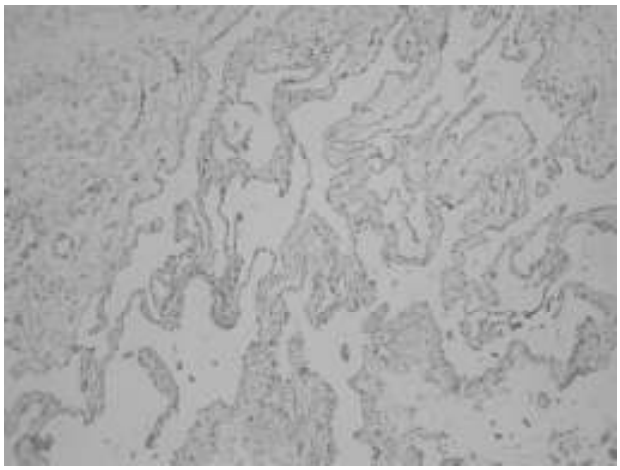

Figure 2. The lymphatic channels were lined by flat, benign-appearing cells that were immunoreactive for CD34 (CD 34, x100 and x 200 respectively, original magnification)

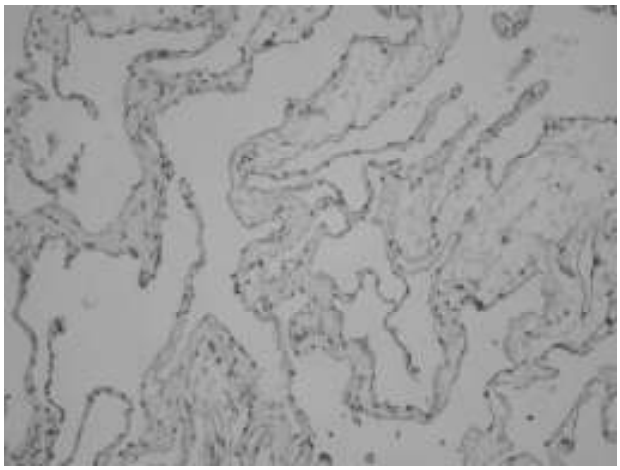

Figure 3. The lymphatic channels were lined by flat, benign-appearing cells that were immunoreactive for CD34 (CD 34, x100 and x 200 respectively, original magnification)

DISCUSSION

Benign soft tissue tumors may involve the fallopian tube. Leiomyomas are most common. Rarer benign tumors in this category include lymphangioma, lipoma, scwhannoma, angiomyolipoma and chondroma (2,3). Lymphangioma is a rare benign tumour of the lymphatic tissue and thought to result from a developmental failure of the lymphatic system (2).

Lymphangiomas tend to occur in the first two years of life. They can occur at any age and most are asymptomatic. Lymphangiomas, regardless of their location, are all benign lesions. The most common presenting clinical symptoms are related to the size of the lesion. The size of the lesion is more important than its location to the symptomatology development.

The etiology of the lymphangioma is unclear, with both reactive and neoplastic etiologies being postulated. There are reports that the tumours can behave in a malignant manner and should be followed up for a period of at least 2 years to exclude recurrence (5). However most investigators regard lymphangiomas as malformations arising from sequestered lymphatic channels or acquired lesions due to obstruction caused by fibrosis of lymph channels (4, 6). In our patient the large leiomyoma may be responsible for the impaired lymphatic drainage.

Almost all lymphangiomas are benign, but they can compress and infiltrate vital structures. We think that most tumors remain undetected or unreported. The diagnosis of suspicion is radiological by means of abdominal ultrasonography and computed tomography. Treatment of choice is always surgical and a complete extirpation should be performed for definitive diagnosis and viable treatment.

In an old female patient presenting with a large cystic pelvic mass, lymphangioma of the fallopian tube should be considered as a possible diagnosis. And impaired lymphatic drainage may be responsible for the development of lymphangioma of the fallopian tube.

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