

Diagnosis and Management of Cystic Lymphangioma of the Neck in the Newborn Hospital Fousseyni Daou De Kayes: About A Case

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| Received: 18.04.2022 | Accepted: 21.05.2022 | Published: 27.05.2022 |

Abstract: Lymphangioma is a rare malformative benign tumor of the lymphatic vessels. It is a rare tumor and its cervico-facial location is more frequent [1, 6, 7, 12]. The clinical presentation is very polymorphic. The diagnosis is suspected by imaging and can only be confirmed by histological examination after surgery. We report a case referred from a community health center. Our objective is to determine the frequency of this pathology, but also to describe the diagnostic, therapeutic and evolutionary aspects in our hospital. This is a case that was taken in our service during 2021.

Keywords: Cystic lymphangioma, vascular malformation, Kayes.

INTRODUCTION

Cystic lymphangiomas are rare benign dysembryoplasias of the lymphoganglion system, responsible for a tumor syndrome by angiolymphatic proliferation (figure 1). This condition, reported for the first time in 1828 by Radenbacher, is better known since the reference work carried out by Sabin in 1909 and 1912. Their location is mainly cervico-facial and their clinical revelation is generally very early [10]. The seriousness of these tumoral malformations in children is due, on the one hand, to their progressive potential likely to compress and invade the upper aerodigestive tract. After several studies on this pathology, certain methods of management have been decided: therapeutic abstention, surgical excision and sclerotherapy, except in cases of emergency [11].

OBSERVATION

A newborn was referred to us for congenital swelling of the neck at 12 days of life figure(1). Born at 37 weeks of pregnancy, his mother had not undergone a prenatal consultation and gave birth vaginally, his birth weight was 3kg200 without any other particularities. On clinical examination, the child presented with a right cervico-dorsal swelling measuring 8cm in small diameter and 13cm in large diameter, which according to the parents was growing day by day. We had carried out a biological assessment which was normal with a hemoglobin level of 16g/dl. Ultrasound and cervico-thoracic CT scan all revealed cystic lymphangioma of

the neck. By transverse incision figure(2) we proceeded to a surgical intervention and removed en bloc the mass whose content was liquid figure[4] while sparing the vasculo-nervous bundle of the neck which is included between the sterno-cleido-mastoid muscle in before and the plane of the scalene muscles behind (figure: 3), after installation of a drain. This intervention occupied 0.30% of our interventions in 2021, which explains its rarity. The pathological examination of the surgical specimen led to the diagnosis of cystic lymphangioma of the neck. The postoperative course was simple, with no infection, right upper limb paralysis or dysphonia (figure: (5)).



Fig-1: Cystic lymphangioma of the neck

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Citation: Mamaye Kouyate (2022). Diagnosis and Management of Cystic Lymphangioma of the Neck in the Newborn Hospital Fousseyni Daou De Kayes: About A Case. *Cross Current Int J Med Biosci*, 4(2), 11-13.

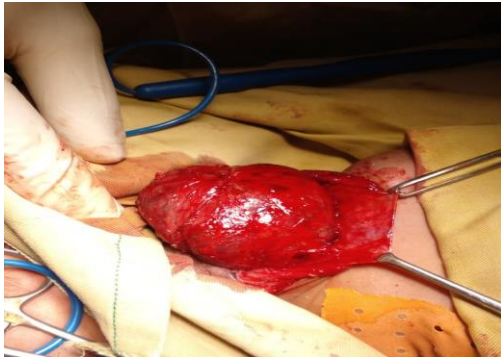


Fig-2: Transverse incision

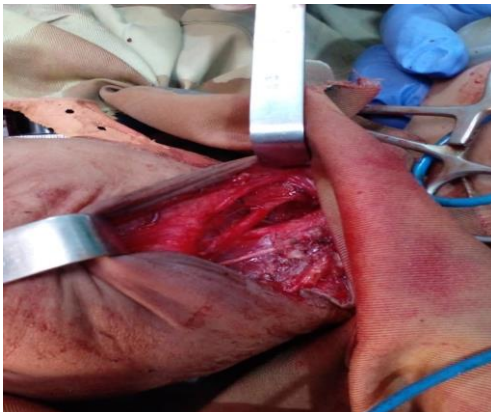


Fig-3: Removal of the cyst



Fig-4: Cystic mass



Fig-5: Healing

DISCUSSION

Cystic lymphangioma or hygroma cystica is a rare benign tumour. It can be located in several parts of the body (abdomen, thorax, pelvis, etc.): [3-5,10] but the cervico-facial location is more frequent in around 90% of cases before the age of 20, but can be discovered at any age due to evolutionary latency. Our case described is congenital with a rather remarkable increase in volume, causing psychosis in the parents. Some very rare localizations have been described in the literature: splenic, funicular, retroperitoneal localization [3, 6, 8, 9]. Two theories pathogenic are mentioned in the literature: the traumatic theory explains the occurrence of these cysts by an obstruction or a lymphatic contusion, but this theory is little disclosed by the clinical history and the congenital theory which is the most accepted as in our case. Lymphangioma would come from a sequestration of embryonic lymphatic sac which would gradually fill with liquid [11]. The failure of the establishment of anastomosis between the normal and pathological vessels and the accumulation of lymphatic fluid would be responsible for the genesis of this lesion ref. The diagnosis is above all confirmed by the scanned and the anatomy pathology [12]. In our case the diagnosis was suspected from the physical examination, a translucent soft swelling as described in the literature. Ultrasound and CT scan. Surgery allowed us to elevate the tumor en bloc and confirm by histopathological examination.

CONCLUSION

Cystic lymphangioma of the neck is congenital, for which the treatment of choice is currently surgery to avoid aperitif-digestive and aesthetic complications.

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