Differentiating Benign Retroperitoneal Lymphangioma from Retroperitoneal Sarcomas

A Case Report

S Craig, A Isaac, R Kennedy
Belfast City Hospital, Northern Ireland

Introduction

Retroperitoneal lymphangiomas are rare, benign lesions resulting from lymphatic malformations. They are usually an incidental finding, most frequently discovered in childhood. Surgical excision with histological examination is required for definitive diagnosis and management (i.e., rule out malignant soft tissue mass).

Case Description

A 64-year-old female presented to her GP with a painful knee. CT imaging identified an incidental retroperitoneal lesion measuring 2.5cm x 2.7cm x 3.6cm (*figure 1*). Primary differential diagnosis included a liposarcoma & she was referred to the regional sarcoma MDT. Decision was for urgent excision & the diagnosis favoured a liposarcoma. Surgical excision was performed without complication. The specimen was sent for histopathology which identified a cystic structure, chronic inflammatory cells & lymphoid aggregates (*figure 2*). Features were consistent with a lymphangioma rather than sarcoma & the patient required no further treatment.

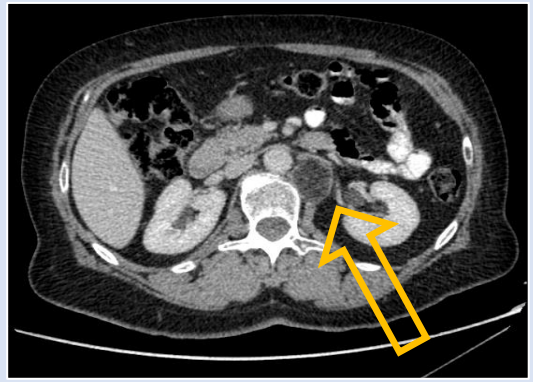

Figure 1: CT imaging of Retroperitoneal Soft Tissue Mass

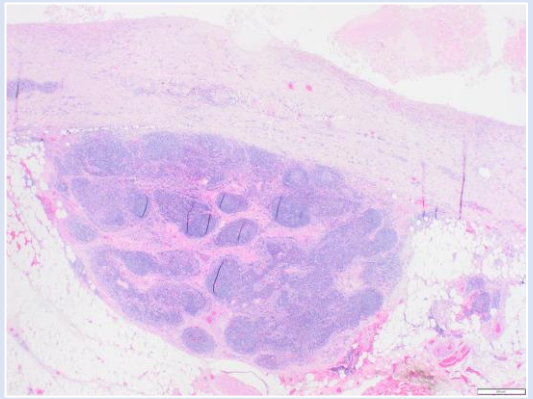

Figure 2: Histopathology Slide of Lymphoid Aggregates

Discussion

Kosh first described lymphangiomas in 1913 and since that time there are only small numbers of reported cases. Lymphangiomas are benign vascular lesions consisting of fluids filled cysts. They tend to be slow growing and have no pathognomonic signs or symptoms. Most are therefore incidental findings on imaging. Important differentials include sarcoma, teratoma and cystic metastasis. Therefore, surgical excision is recommended for definitive diagnosis and management.

References

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