



## Lymphangioma Cheek- An Unusual Presentation

Dr. Musuka G. Narzary, Dr. Prakash Kumar

Senior Resident, Department Of Ent, Silchar Medical College And Hospital  
Senior Resident, Department Of Pathology, Silchar Medical College And Hospital

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### I. INTRODUCTION

Lymphangiomas are rare benign hamartomatous lesions of the lymphatic system. They rarely represent as neoplasm, most likely present as developmental malformations arising from the sequestration of lymphatic tissue that do not communicate with the rest of the lymphatic channels.

The vessels may become blocked and enlarged as lymphatic fluid collects in the vessels forming a mass or a cyst.

About 50% of all lesions are noted at birth and around 90% develops by 2 years of age.

#### TYPES:

- Capillary
- Cavernous
- Cystic

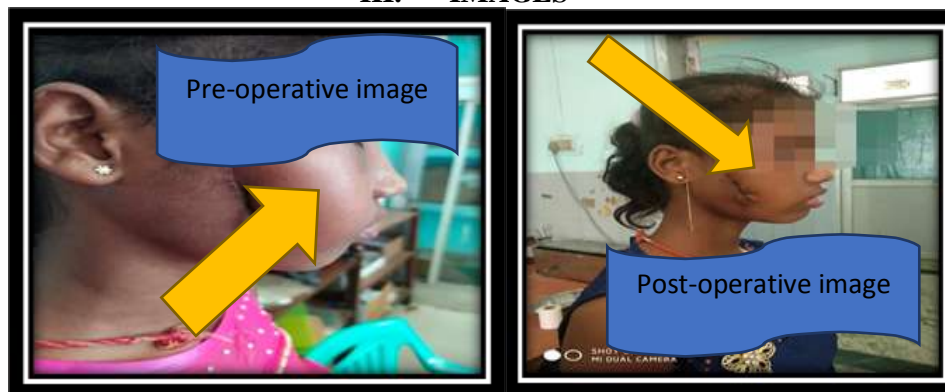
### II. CASE REPORT

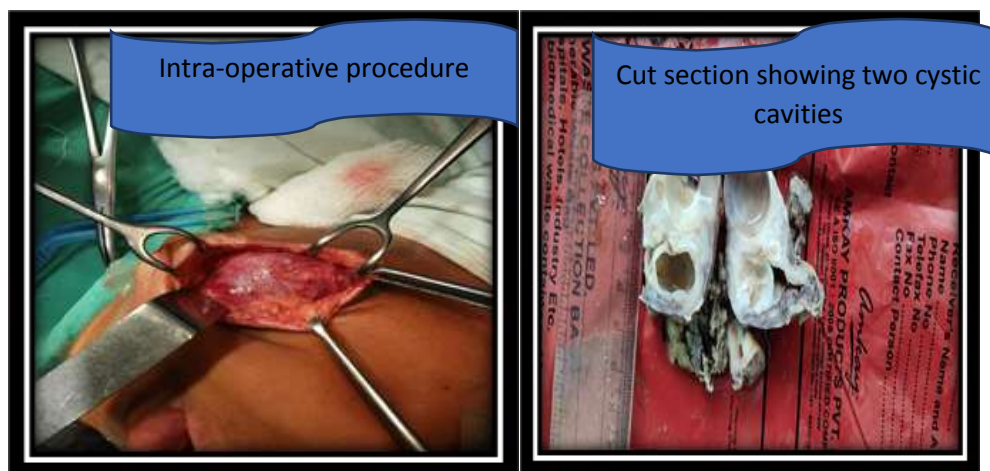
A 15- year- old girl, accompanied by her father, reported to the ENT OPD, with complaint of swelling in the right cheek for past 9-10 years. The swelling was gradual in onset and progressive in nature. The patient had pain over the swelling. She had poor dental hygiene. She took homeopathic medicine and consulted quack for the same for last 9 years following which her condition worsens and she finally came to SMCH for the treatment.

Oral examination revealed facial asymmetry. The diffuse swelling measured around 5\*5cm in diameter. On palpation the swelling was soft, non-fluctuant, non-reducible and compressible to some extent. The differential diagnosis put forth were chronic inflammatory cyst and hamartomatous lesion. The patient was subjected to varied haematological investigations where she was diagnosed to be anaemic (Hb=6.5g/dl) for which she received 2 units of BT before OT.

FNAC of the right cheek swelling shows occasional macrophages in a fluidly background which suggests possibility of cystic lesion. USG right cheek shows a multiloculated cystic lesion measuring 5\*3.2\*3.4 cm containing debris and no flow on colour doppler study suggestive of Lymphangioma. MRI of neck shows impression – Lymphangioma in the right buccal space with extension into the masticator space causing mass effect of anterolateral wall of right maxillary sinus and right hemimandible Under general anaesthesia, lymphangioma of right cheek was excised. The mass was extending from the masticator space under the zygoma to the infratemporal fossa and destroying the floor of the orbit. The soft tissue which was excised was sent for histopathological examination which confirmed it to be a case of lymphangioma.

### III. IMAGES





#### IV. DISCUSSION

Lymphangiomas are rare benign hamartomatous lesions of lymphatic system. These lesions are more clearly referred as the lymphatic malformations, have a marked predilection for head and neck region. No clear sex predilection is demonstrated and whites appear to be affected more often than people of other races. Embryologically, it is derived from five primitive buds developing from the venous system which include paired jugular sacs, paired posterior sacs and a single retroperitoneal sac.

Since the lesions are translucent, transillumination is positive unless there is secondary haemorrhage into the lesion. MRI can define the degree of involvement and entire anatomy of the lesion. IHC for laminin shows typical multi-layered basal lamina in lymphangiomas.

The treatment of lymphangiomas usually consists of surgical excision. Total removal may not be possible in all cases because of the large size or the

involvement of the vital structures. Recurrence is common especially for cavernous lymphangioma, which are more radioresistant and insensitive to sclerosing agents such as sodium morrhuate than haemangiomas. The various treatment modalities for lymphangioma are surgical excision radiation therapy cryotherapy, electrocautery, sclerotherapy, steroid administration, embolization, ligation, laser surgery, with Nd-YAG and CO<sub>2</sub> and radiofrequency tissue ablation technique.

#### V. CONCLUSION

An early diagnosis and intervention helps in reducing the functional, psychological disturbances and cosmetic disfigurement and complete cure of the condition.

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