Abstract

The cervico thoracic cystic lymphangioma are rare. Their diagnosis is evoked by the existence of a cervical thoracic mass. The medical imaging allows evoking the diagnosis, but only the anatomopathologic exam confirms it. The treatment is essentially surgical. We report a case of cervical thoracic cystic lymphangioma collaged in the service of surgery at the 5th military hospital in Guelmim.

1. Observation

50-year-old without notable pathological histories admitted in the service of general surgery on May 4th, 2007 for a cervical thoracic mass evolving for six months. The chest radiography show a right tracheal deviation (figure 1). The cervical echograph show a liquid mass being 60 mm long in narrow contact with the lower pole of the left thyroid lobe with endo thoracic extension.

The cervical thoracic scan showed a superior antero lateral cervico mediastinal mass of component liquid making approximately 7cm of height, compressing the cervico mediastinal structures on the opposite page in particular the jugular vein which is repulsed towards the outside, the tracheal repulsed outside and to the right and the lower pole of the left lobe of the thyroid gland which it lifts at the top (figure 2 and 3).

Operated by a cervical way (figure 4 and 5). The follow up is simple and the anatomopathologic report was in favor of a cystic lymphangioma.

2. Discussion

Lymphangioma is rare benign tumors. Three types of lymphangioma can be distinguished: the capillary lymphangioma including the small vessels with narrow light, the hollow lymphangioma with dilated light and the cystic lymphangioma or cystic bursitis presenting wide cavities filled with light yellow liquid (1).

Two pathogenic theories are evoked in the literature (2):

The mechanical theory explains the arisen of these cysts by an obstruction or a lymphatic bruise; but this theory is rarely confirmed by the clinical history.

And the most accepted congenital theory at present. The lymphangioma would result from a detention (3) of embryonic lymphatic bag which would fill gradually with
lymphatic liquid. The failure of the establishment of anastomosis between the normal and pathological vessels, and the accumulation of lymphatic liquid, would be responsible for the genesis of this lesion (4).

Figure 1. Chest radiography showing the expulsion of the tracheal outside and to the right.

Figure 2. Cervico thoracic scanner showing the cervical mediastinal mass.

Figure 3. Sagittal cup showing the cervical thoracic tumor.

Figure 4. Operating view showing the excision of the tumoral mass.

Figure 5. Piece of cystic lymphangioma.

The cystic lymphangioma is isolated most of the time, exceptionally diffuse realizing the lymphangiomatosis (3). The lymphangioma can be found in all the body, he can be located in the belly, the oral cavity, the mediastinum, and the inguinal region but the lymphangioma affects largely the cervical region in approximately 75% of the cases (1-3). The cervical localization meets more in the childhood: 90% before the age of 20 years, but can be discovered at any age by the life because of the latency of evolution (2, 4). Other localizations were also quoted: the retroperitoneal localization, spleen, colonic (4), muscular (5) and even at the level of the spermatic cord (6).

The cervical thoracic location of our observation would take forward the hypothesis according to which it would result from the migration of lymphatic elements initially held in the cervical floor and which would have followed in their travel downward other migratory elements as the thymus, the bronchial buds, the heart or the pericardium (1, 5). What lets think that the cervical cystic lymphangioma has a mediastinal extension.

The clinical symptom is function of the size of the tumor and the topography of the cystic formation.
Except the tangible cervical mass, the cystic lymphangioma has no clinical specificity. So the circumstance of discovery of the cervical thoracic cystic lymphangioma is sometimes revealing symptom such as the cervical mass as it was the case for our patient; but in 50% of the cases, they are of fortuitous discovery during a lung radiography.

The standard radiography shows an opacity of previous or later mediastinal seat which the aspect is not specific. The echograph shows a hypo echogenic or anechogenic aspect, sometimes with a sediment or of fine internal echos (2,6,7).

The scanner shows a tumor of low liquid density (10-36 UH) but partitions are sometimes revealed only after injection of the contrast agent (2,4,8).

The magnetic resonance imaging would seem to be useful for the exploration of this tumor, but would turn out less successful than the scanning in case of complications (4,6).

Only the histology allows having a diagnosis of certainly (1,2,5).

The treatment is essentially surgical allowing the complete excision of the essential tumor to have a complete cure. Other therapeutic ways were unsuccessfully tried, as the radiotherapy, the drainage by mediastinoscopy and the chemical hardening by intra venous cyclophosphamide (2, 6).

They are especially reserved for not resecables tumors because of their size, of their location or because of the general state of the patient (6, 8, 9). The video thoracoscopy, the drainage by mediastinoscopy or by scanner or the echo guided draining do not assure the excision of the wall of the cyst which is the cause of second recurrence.

The way at first depends on the localization and the cystic repercussions. The postero thoracotomy is recommended by numerous authors for the pure mediastinal localization (2,4,6,10). The cervical mediastinal location can bring to choose a cervicotomie associated sometimes with a median sternotomy according to the endothoracic continuation, the visceral adhesions to the big vessels, to the nervous structures or to the tracheal. In our case we realized a simple cervicotomie who allowed us to remove all the tumor, the relative ease of the intervention rests on the fact that the cystic formation was confined well by volume moderated with a plan of obvious cleavage without inflammatory push and without adhesions to the vascular structures allowing the total excision of the tumor.

3. Conclusion

The cervical thoracic cystic lymphangioma are rare. The medical imaging allows evoking the diagnosis, but only the anatomopathologic examination confirms it. The treatment is essentially surgical.

References