MESENTERIC LYMPHANGIOMA: CLINICAL PRESENTATION, DIAGNOSIS AND MANAGEMENT. A CASE REPORT.

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Abstract

Mesenteric intestinal lymphangioma is a rare benign lymphatic malformation, typically asymptomatic and often detected incidentally on imaging studies. However, when radiological uncertainty exists, the differential diagnosis should primarily include peritoneal carcinomatosis. We present the case of a 47-year-old woman in whom a mesenteric cystic lesion consistent with this entity was identified. In the absence of symptoms or signs of complication or malignancy, clinical and radiological follow-up was chosen.

Keywords: mesenteric intestinal lymphangioma, incidental finding, peritoneal carcinomatosis.

Introduction

Mesenteric intestinal lymphangioma is a rare malformation of the abdominal lymphatic vessels of unknown etiology, although it may be due to an anomaly during embryonic development. Although benign in nature, it can lead to complications such as intestinal obstruction, gastrointestinal bleeding, chyloperitoneum, mesenteric torsion, or intussusception.

It most commonly presents as an incidental finding on imaging studies and becomes symptomatic when its size causes compression of neighboring structures or in the context of a complication.

Clinical case

A 47-year-old woman with no relevant medical history was referred by her primary care physician following incidental findings on a transvaginal ultrasound performed during a gynecological examination: an intra-abdominal mass located in the mesenteric fat at the level of the left renal fossa, requiring further evaluation. The patient is asymptomatic, except for occasional mild abdominal discomfort of long standing, which she treats with antispasmodics. Laboratory tests, including tumor markers, gastroscopy, and colonoscopy, were normal. Abdominal MRI reveals a low-density cystic lesion measuring

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4 × 4 × 3.3 cm that appears to arise from the mesenteric margin and the wall of a small bowel loop on LIF, with a multilocular morphology, no clearly defined wall, and no observable septa, internal solid components showing contrast enhancement, or areas of calcification. All of these findings are consistent with mesenteric intestinal lymphangioma.

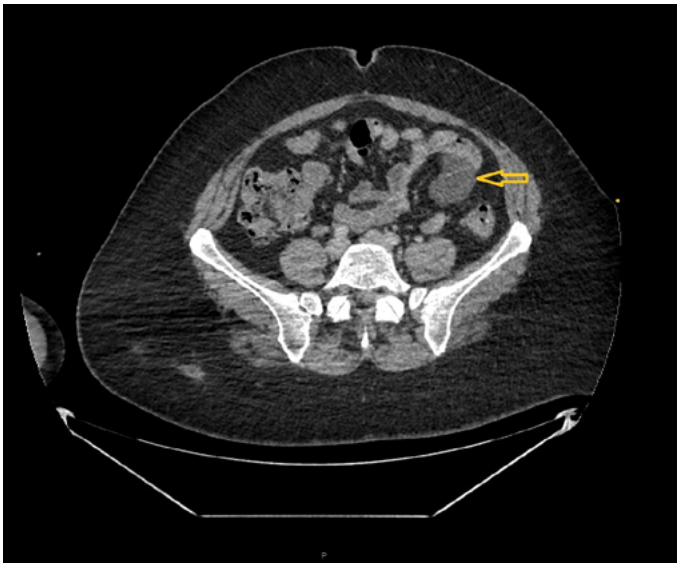


Figure 1. ***Abdominal CT scan Cystic lesion with homogeneous content and a broad base at the mesenteric margin.***

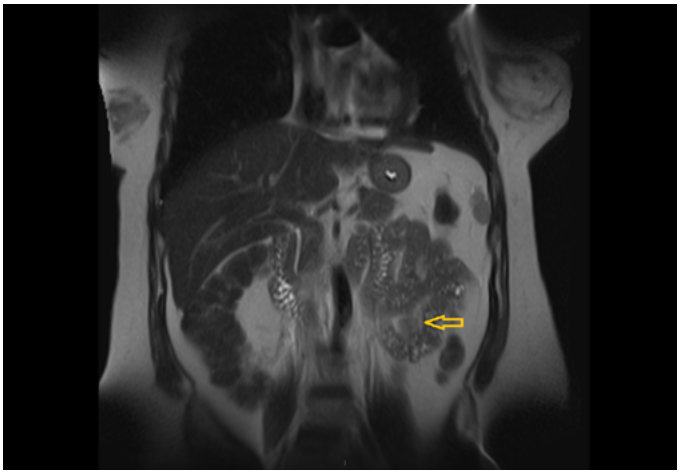


Figure 2. ***Cystic lesion measuring 41 x 32 mm with no clinically significant enhancement or diffusion restriction.***

Discussion

For better characterization, it is recommended to order an abdominal CT scan or MRI, as well as to assess the relationship with intestinal loops and blood vessels[1]. Radiologically, it is characterized as a cystic, multilocular lesion with anechoic content and no organ or vascular invasion; in some cases, it may present with thin septa[1]. However, when lesions are diffuse, they may resemble peritoneal carcinomatosis, requiring a differential diagnosis[2].

For small lesions without a compressive effect or suspected complications, clinical follow-up and annual imaging are recommended. At this point, it is essential to educate the patient about potential warning signs. Surgical resection should be indicated in the event of symptoms or complications; intestinal resection may be required if there is mesenteric infiltration or vascular involvement[3]. Alternatives to surgery may include percutaneous sclerotherapy[4] or sirolimus (an mTOR inhibitor) as an experimental option if there is a high surgical risk.

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