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Case Report

Giant Cystic Lymphangioma of the Breast in an Adult Female

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ABSTRACT

Cystic hygroma or lymphangiomas are benign lesions composed of dilated lymphatic vessels, commonly seen in pediatric age group. Common sites are neck and axillary region. Giant cystic lymphangioma of breast is extremely rare lesion with very few reported cases. We report here a case of 23 year old female, presented with huge, ulcerated mass in right breast of 2 month duration .She also had fever, breathlessness, and inability to feed her 45 days baby.

Key words: giant cystic, lymhangioma, breast, adult female

INTRODUCTION

Lymphangiomas are benign malformations thought to arise from sequestrations of embryonal lymph sacs/lymphatic tissue that fail to communicate with the lymphatic system in a normal fashion.[(1)] The nature of the surrounding tissue determines whether the lymphangioma is capillary, cavernous or cystic, as lymphangioma enlargement is related more to engorgement than to actual cell proliferation. With an incidence of 1.5 to 2.8/1000, more than 90% of the cases manifest by the age of two years and in almost all cases (>90%) location is in neck or axilla.[(2-9)] The breast as a site of origin of lymphangioma, especially so in an adult, is, therefore, an extremely unusual condition with only a handful of documented cases.[(3-9)] We present an unusual case of giant cystic lymphangioma in the breast of an adult female.

CASE REPORT

Clinical Presentation: A 23 years old female, presented with a huge, ulcerated mass in her right breast of two months duration She also complained of intermittent fever, breathlessness and inability to breastfeed her one and a half month old baby. Physical examination revealed a non-tender, mobile, soft to firm and cystic mass of size 25cmX20cmX15cm involving the outer half of her right breast. Skin over the mass showed desquamation and ulceration. There was no associated nipple discharge or axillary lymph node enlargement.

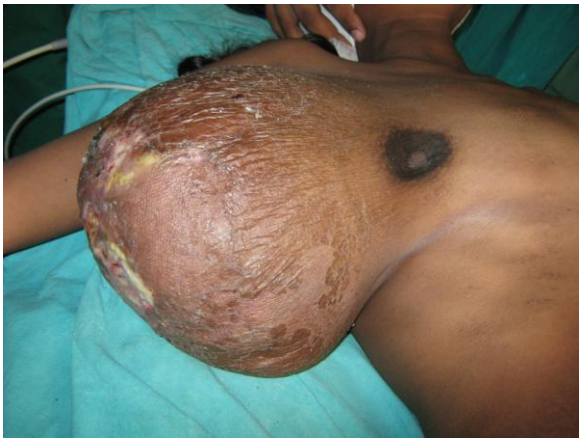

Figure-1-Shows huge mass measuring 25x20x15 cm in breast.

Investigations

USG and FNAC of the lesion were performed and finally the mass was excised for histopathology assessment.

USG: large collection of size 20cmx20x10cm with dense internal echoes noted throughout the breast parenchyma with multiple septations. A single, solid nodule noted in the medial aspect of the lesion.

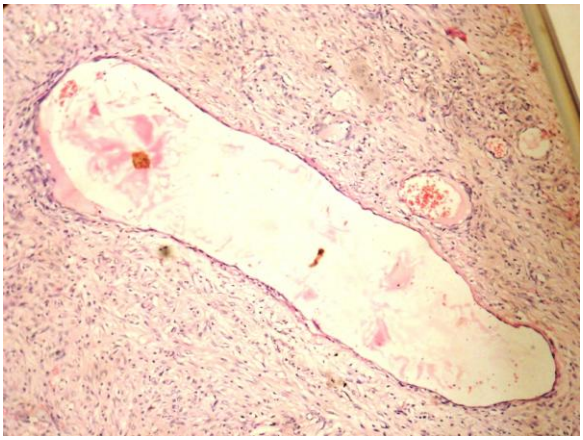

Figure-2 Histopathlogically shows dilated spaces containing eosinophilic material along with lymphocytes x100.

The breast lesion was radiologically suspicious for malignany and so, the fine needle aspiration cytology was performed.

Cytopathology: 5 ml hemorrhagic fluid aspirated; smears showed RBC, lymphocytes and polymorphs against an eosinophilic granular background. No malignant cells were seen. The findings suggested a benign cystic lesion.

Histopathology:

Gross: excised specimen of size 20cmx15cmx5cm; cut surface showed a large cavity 11cmx10cmx5cm filled with hemorrhagic fluid.

Microscopy: serial sections from different areas revealed dilated spaces lined by endothelial cells and containing eosinophilic material. These spaces were supported by fibrocollagenous stroma infiltrated by plenty of polymorphs, lymphocytes and plasma cells.

The histopathologic diagnosis was Infected Cystic Lymphangioma of Breast.

Follow Up

Patient's postoperative recovery was uneventful and reported alive and well after four months of follow-up, with no complaints or recurrence.

DISCUSSION

A review of the literature has revealed only a few documented cases of cystic lymphangioma of the breast in the past 30 years.[3,4] The age distribution of the reported cases was from 4 months to 49 years with majority located in the upper outer quadrant.[3-8] Cystic lymphangioma is essentially a benign lesion, but its large size or sudden increase in size due to hemorrhage, predisposition to infection; cosmetic disfigurement can cause significant morbidity.[5,7] The differential diagnosis includes simple cyst, hematoma, abscess, hemangioma, post surgical fluid collection, lymphangiomatosis, lymphangiectasis.[1,4,6] Presence of large, irregularly dilated, endothelium lined, cystic spaces filled with eosinophilic secretions along with focal collections of lymphoid cells in the stroma tilts the diagnosis in favour of cystic lymphangioma.[1,6] Imaging techniques (USG, MRI) are very useful in pre operative assessment of the extent of the lesion and

surrounding soft tissue detail.[10] Local surgical excision is the best modality of treatment but the margins are neither discrete nor well encapsulated.[5,7] Recurrence can be expected in the face of incomplete excision.[7] We believe that lymphangioma of the breast should be considered in the differential diagnosis of an irregular cystic mass of the breast. An early recognition usually allows cure by surgery.

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