Benign lymphangioma of the jejunal mesentery: an unusual cause of small bowel obstruction

W J Campbell, S T Irwin, J D Biggart

Abstract

Lymphangiomas are rare tumours of lymphatic vessels, most commonly found in children. We present the unusual case of small bowel obstruction caused by benign lymphangioma in a middle aged woman.

Case report

A 46 year old woman was admitted to hospital with small bowel obstruction. Because she had previously had a cholecystectomy, appendicectomy, and surgery for an ovarian cyst, it was presumed that her condition was caused by adhesions. When she failed to settle after three days of conservative treatment, however, laparotomy was performed.

At operation she was found to have a large multiloculated cystic mass measuring 10 cm × 15 cm in the mesentery of the small bowel, approximately 40 cm from the ileocaecal valve. The mesentery had undergone torsion through 180° around the mass resulting in obstruction of the proximal small bowel. The torsion was reduced and the small bowel and mesenteric lesion were resected (Figure).

Histology showed this to be a benign lymphangioma of the small bowel mesentery with complete excision of the tumour. The tumour consisted of multiple cysts measuring up to 3 cm

in diameter separated by fibrous or fibromuscular walls. The lymphangioma extended into the bowel wall, with increased lymphangiomatous spaces particularly prominent in the submucosa.

Discussion

Lymphangiomas are no longer considered to be truly neoplastic but rather may be the result of developmental failure of the original lymphaticovenous system.¹ Three forms of lymphangioma are described:

- (i) Capillary lymphangioma;
- (ii) Cavernous lymphangioma;
- (iii) Cystic lymphangioma.²

They consist of numerous small or large, thin walled lymphatic spaces. Approximately 50% of the lesions have an associated haemangiomatous element.

Intra-abdominal lymphangiomas are rare, accounting for approximately 1 per 100 000 hospital admissions.² They may develop in the mesentery of both the large and small bowel or less commonly in the retroperitoneal space.³

Lymphangiomas are most often found in children, 40% presenting in the first year of life and 80% before the age of 5 years.^{2,4,5} There is a male to female ratio of 3:1.⁶

In children, the most common presentation is with acute intestinal obstruction but in adults, chronic abdominal pain is more usual. Presentation with symptoms mimicking appendicitis (due to secondary infection) and with anaemia (due to haemorrhage into the mass) have been described.^{2,7,8} Treatment is by surgical resection and complete excision is usually curative.^{1,2,6}

Mesenteric lymphangiomas are rare in adults. This case illustrates another unusual cause of small bowel obstruction in this age group.

Resected specimen of small bowel and mesenteric lymphangioma.

Departments of Surgery
and Pathology, Belfast
City Hospital, Belfast
W J Campbell
S T Irwin
J D Biggart

Correspondence to:
Mr W J Campbell,
Department of Surgery,
The Ulster Hospital, Belfast,
BT16 0RH.

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