Case Report

LYMPHAGIOMA CIRCUMSCRIPTUM
A CASE IN VIEW
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ABSTRACT.
A girl 18 years old presented with multiple nodular crusty lesion on enterolateral surface of right upper thigh. She underwent complete excision of lesion and primary split thickness grafting as one stage procedure. The surgical Treatment is curative.

Keywords: Nodular crusty lesion, surgery.

Case Report:

Material & method
A girl 18 years old presented with multiple nodular swelling with crusty lesion on the anterolateral aspect of right upper thigh since childhood. It was extending from trochanteric region down to upper one third of right thigh. Initially she had two small nodular eruption on upper thigh, which with the passage of time, extended up to the present size i.e up to 10 x 12cm. Nodules were cystic to hard on palpation with serosanguinous discharge, which converted into crusty surface. She had no regional lymphadenitis. Her pulse was 72/ min, BP was 120/80 mmHg. Temp; 98°F and no other signs on physical examination. Her systemic examination of CNs, Chest, abdomen, musculoskeletal system revealed no abnormality. Her hemoglobin was 9 gm, TLC,10,000, where as all other laboratory investigations were appropriate Ultrasound of abdomen, skeletal survey of right hip, right femur revealed no abnormality. Pre Operatively she was put on injection Augmentin 1.2gm x i/v 8 hourly. She underwent excision of all nodules with one centimeter clearance and up to deep fascia with normal healthy tissue. The raw area was covered by primary split thickness skin graft, which was taken from the same thigh. Her histopathological report revealed Lymphangioma Circumscriptum.

DISCUSSION:
Lymphangioma Circumscriptum is a variant of Lymphangioma. Its characteristic feature is multiple clusters of translucent vesicles that usually contain clear fluid. These vesicles represent superficial secular dilatation from underlying lymphatic vessel that occupy the papilla and push upward against the overlying epidermis. These vesicles can be clear or vary from pink to dark red because of serosanguinous fluid and purulent discharge when infected. These vesicles are often associated with verrucous changing which give a warty appearance (verrucous Lymphangioma). Its sites of presentation are proximal extremities, trunk, axilla, oral cavity specially the tongue and vulva. Basic pathologically process is the collection of lymphatic cisterns in the deep subcutaneous plane. The cisterns are separator from the normal network of lymph vessels but they communicate with superficial lymph vesicles through vertical dilated Lymph vessels. These cisterns are supposed to arise from a primitive lymph sac, that fails to connect with the rest of the lymphatic system during its embryonic development.

Lymphangioma Circumscriptum is rare and does not interfere with the well being of patients, but if it is of big size, as in this case, it may cause social problem because of serosanguinous discharge. They have a tendency to recur, if they are removed completely, chance of recurrence is reduced. It is common in females and appears at birth. Its clinical presentation is with clusters of vesicles on the skin at birth, or shortly after subsequent years. Usually in the form of
an asymptomatic lesion, but occasionally patient complains minor bleeding to clear fluid discharge from the surface of vesicles\textsuperscript{19}.

REFERENCES:


23. Wilson GR. Cox NH, Mclean NR et al. Squamous cell carcinoma arising within congenital lymphangioma circumscriptum.