

CASE REPORT

Chronic Low Back Pain due to Retroperitoneal Cystic Lymphangioma

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Abstract

Abdominal cystic lymphangioma is a rare benign neoplasm. Less than 1% of lymphangiomas is in the retroperitoneum. Lymphangioma is mostly asymptomatic. Chronic symptoms were reported in retroperitoneal type more than others. Acute symptoms due to complications like infection, cyst rupture or hemorrhage may occur. We report an 18-years-old girl with low back pain from 6 months ago with huge pelvic mass and diagnosis of retroperitoneal cystic lymphangioma.

Key words: Low Back Pain, Lymphangioma, Retroperitoneum

Introduction

Cystic retroperitoneal lesions are benign. Beahrs *et al* based on etiology categorized them into developmental, traumatic neoplastic and infectious (1). Abdominal cystic lymphangioma is very rare benign neoplasm that occurs because of problem in connection between lymphatic sac and venous system in 14-20 weeks of embryonal growth (2). It can have complications or unusual presentation due to location and size. We had a case of retroperitoneal cystic lymphangioma with low back pain as a symptom. In this article we discuss the case and we review other literatures.

Case Presentation

An 18-years-old woman was referred to our department with chronic low back pain from 6 months ago. There was no history of nausea, vomiting, fever or other gastrointestinal or urinary symptoms. She had no history of surgical or medical problems. She had used pain medication for four months. In physical examination, there was lower abdominal distension and fixed large mass in the right side of the abdomen from the rib cage to the pelvis. She had no shifting dullness, tenderness or organomegaly in abdominal exam. Neurologic and musculoskeletal exam were normal. Laboratory tests showed mild normocytic anemia, while tumor markers and hydatid serology were normal. Abdominal and lumbar X-rays revealed no pathology. Due to unusual presentation of the low back pain, ultrasonography and

computed tomography (CT) were carried out. Their report showed huge multilobulated retroperitoneal mass at right side (Figure 1). Laparotomy revealed large multi cystic lesions from liver to the pelvis with purple appearance and cysts contain fluid in the retroperitoneum in front of vertebral column associated with intestinal displacement. Mesentery of small intestine had lots of same cystic masses (Figure 2), so complete resection wasn't possible. Biopsy showed the lymphocytes and dilated lymphatic channel with cyst formation, compatible with cystic lymphangioma (Figure 3a & b). In 5 years follow-up, she had no complication or limitation for her activity and she had pregnancy with normal vaginal delivery.

Discussion

95% of lymphangioma are seen in neck and axillary region. It is reported that only 5% are observed in the abdomen including mesentery, omentum, and less than 1% in retroperitoneum. Retroperitoneal cystic lymphangioma is more common in women. 90% of cases are diagnosed before the end of second decay of life, compatible with our case was 18 years old at presentation (2). The lesions can be uniocular or multiocular like our patient. Cyst contains serous or chylous fluid(3). Lymphangioma is mostly asymptomatic and may be found accidentally during evaluation of non related clinical symptoms. Mesenteric type can cause acute abdomen because of bleeding, perforation or obstruction (4). Chronic symp-

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lymphangioma. Hachisuga et al reported prenatal treatment with intrauterine injection of OK432 (2).

In our case, complete resection was impossible because of extensive cyst in the retroperitoneum and base of mesentery; 5 years follow-up with abdominal ultrasound did not show complications or increase in size of the mass in our patient.

Conclusion

Cystic lymphangioma is a rare lesion in adults. It may present with atypical low back pain, therefore, in some cases with atypical low back pain, other imaging modalities like ultrasonography can be helpful and lead to correct diagnosis.

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