Acute abdomen for lymphangioma of the small bowel mesentery: A case report and review of the literature

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CASE REPORT

A 52-years-old patient, without diseases, consulted emergency for a diffuse abdominal pain, diarrhea, and fever of 3 days of evolution. No vomiting or irritating voiding symptoms. The abdomen was tympanic, diffusely painful with defense and signs of peritoneal irritation. Hemodynamically stable. X-ray of the abdomen and thorax and urine sediment were normal. Blood tests without leukocytosis but CRP (C reactive protein) was 5.8 mg/dl (0 to 0.5). The abdominal CT scan detected a cystic mass of 7.2x9.5x7.5 cm, with edematous striation of the root of the mesentery with reactive lymph nodes. There were not signs of ischemic or bowel obstruction or free liquid. It was not suggestive of a mesenteric lymphoma although the first diagnostic option was a mesenteric lymphangioma (Fig. 1).

Because of peritonism signs, an emergency laparotomy was carried out. A large cystic mass in the proximal jejunum was found, and an intestinal resection with termino-terminal anastomosis was performed (Fig. 2). The postoperative was favor-
able. The biopsy confirmed mesenteric lymphangioma and the immunohistochemistry for D2-40 was positive (Fig. 3).

**DISCUSSION**

The lymphangioma is a rare benign proliferation of the lymph nodes and it is likely more a congenital malformations than a neoplasm. It is usually localized in the head and neck of the children under 1 year (1,2). Bowel mesenteric lymphangioma represents less than 1 % of all lymphangiomas and its clinical presentation is usually as a volvulus or a bowel obstruction (3). For the differential diagnosis is essential the immunohistochemical study of VIII factor antigen, D2-40, calretinina and human melanoma black-45 (HMB-45). Factor VIII and D2-40 in lymphatic malformations are positive, but in multicystic benign mesothelioma are negative. The HMB-45 is positive in lymphangiomioma (4,5).

**REFERENCES**