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Laparoscopic Treatment of Intraabdominal Cystic Lymphangioma

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Abstract

The abdominal cystic lymphangioma (CL) in adults is a rare benign tumor of the lymphatic system.

Methods: We report a retrospective study from January 2002 to Decemberr 2014 concerning 18 patients who underwent surgical removal of a CL, 9 patients with laparoscopic approach included. The localization, size, and number, diagnostic, treatment and results have been reported for patients approached laparoscopically.

Results: There were 8 women and 1 man with median age at diagnosis was 35,6 years (range 20–51 years). Clinically, the main symptom was an abdominal pain found in 8 patients (88.8%). Physical examination revealed an abdominal mass in 5 patients (55.5%). The CL was asymptomatic in four patients; the discovery of CL was performed preoperatively during an ultrasound for another pathology (n=3) or intraoperatively (n=1). US exam & CT scan usually allow the preoperative diagnosis. The most common site was shared equally between the mesentery (n = 3; 33%) and left retroperitoneum (n = 3;33%), followed by the right retroperitoneum and the posterior cavity of the lesser omentum and great omentum, each one case. The most common procedures performed were: laparoscopic total cystectomy of a closed cyst in two patients and evacuation of larger cysts followed by total cystectomy in seven patients. No conversion, no mortalities and no morbidity was noted. Mean hospital stay was 3.4 days. No recidive after 28 months in the average after treatment.

Conclusions: The laparoscopic approach is the gold standard in the treatment of intraabdominal CL.We recommend complete surgical excision to avoid recurrence.

Key words: cystic lymphangioma, laparoscopic cytectomy, retroperitoneum cystic tumor