ORIGINAL RESEARCH PAPER
Volume-9 | Issue-2 | February-2020 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

HYDROCELE OF NECK: CYSTIC HYGROMA IN AN ADULT- A CASE REPORT

Surgery

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ABSTRACT

23-year-old male presented with complaint of swelling in right side of neck for past 3 months, gradually increasing in size, without any history of pain or trauma. Examination revealed a soft, cystic fluctuant swelling in posterior triangle of right ride neck. MRI showed hyperintense multiloculated cystic lesion. A diagnosis of Cystic Hygroma was made. Complete excision of lesion done. Cystic hygroma is a benign rare malformation of the lymphatic system caused due to sequestration of jugular lymph sacs. Treatment is by surgery or sclerotherapy and has a high recurrence rate

KEYWORDS

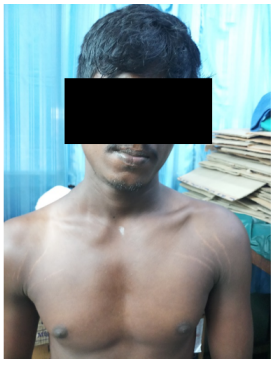
cystic hygroma, neck swelling

INTRODUCTION

The usual diagnoses in mind while discussing a swelling over lateral aspect of neck in an adult are lymhadenitis, abscess, cervical rib etc. Here we present a case of an adult presenting with a swelling over lateral aspect of neck - a Cystic Hygroma.

CASE REPORT:

A 23 year old male presented to the out patient department with complaints of swelling in the right side of neck first noticed 3 months back, gradually increasing in size. There was no history of fluctuation in size, pain or discharge. No history of trauma or previous surgeries. On examination, patient was conscious, oriented, afebrile, well built and nourished. Vitals were stable and systemic examination normal. On inspection, a vague swelling found in the lower third of right posterior triangle of neck, with ill defined borders, smooth surface and skin over swelling appearing normal. On contacting trapezius, swelling became prominent, and all borders (except inferior) well defined. An 8 x 4 cm, irregularly shaped swelling was palpable in lower 1/3rd of posterior triangle of neck on right side, with all borders palpable except inferior, smooth surface and normal skin above and around the swelling. Swelling was soft in consistency, in subcutaneous plane, immobile, partially compressible, partially transilluminant, fluctuant and non pulsatile. No other swellings were palpable in bilateral neck. Bilateral axilla and groin were normal.



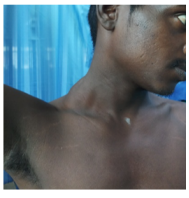


Fig. 1a) vague swelling right side lower neck
Fig. 1b) swelling prominent on contracting trapezius
Fig. 1c) Transillumination

Complete hemogram, renal and liver function tests, serum electrolytes were normal. Ultrasonogram of neck showed well defined multiloculated hypoechoic lesion of size 6*4.2 cm. MRI of Neck showed hyperintense multiloculated lesion in right lower neck extending upto level of first rib, with some sub centimetric hyperintensities in right axilla.

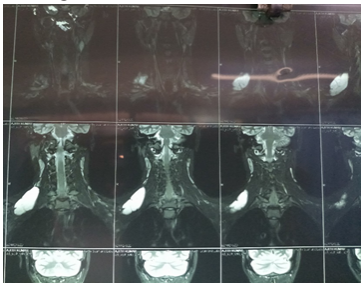


Fig. 2 a

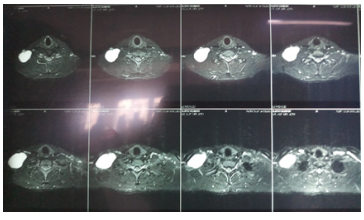


Fig 2 b
Fig. 2 a and b) MRI Neck showed multiloculated cystic lesion

Patient was planned for an elective complete excision of the lesion. Right supra clavicular horizontal incision was made. Multi loculated cyst was carefully excised after separation from surrounding tissue. Spinal accessory nerve is the most superior of all nerves in the triangle. Along with all cutaneous nerves, it was preserved. Subcutaneous suction DT placed and wound closed. DT was removed on POD3 and patient discharged.

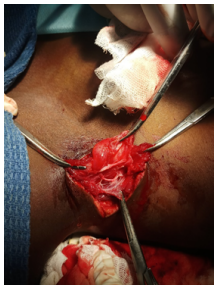


Fig 3 Intra operative picture showing multi loculated cystic structure

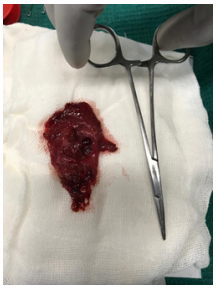


Fig 4 Collapsed specimen

Biopsy report suggestive of cystic lymphangioma- loculi lined by widely spaced thin endothelial cells.

DISCUSSION:

Cystic lymphangioma is a benign rare malformation of the lymphatic system, consisting of masses of abnormal lymphatic channels. regarded as hamartomas arising from sequestration of lymphatic tissue that fails to communicate normally with lymphatic channel.[1] Its incidence is 1 out of 4000 live births.[2]

Usually it presents in neonatal and infancy periods with most common site being the cervico-axillary region where it is also called Cystic Hygroma. However, rarely, it may present in adulthood, as mesenteric and/or retroperitoneal cystic lymphangioma.[3] Other sites of occurrence are the abdominal wall, inguinal region, buttocks, anogenital region, and retroperitoneal areas. For the first line of treatment -surgery is preferred inspite of a high recurrence rate.

Landing and Farber classified lymphoma into 3 types:

- Lymphangioma Simplex, composed of small capillary-sized, thin-walled lymphatic channels;
- Cavernous Lymphangioma, comprising of dilated lymphatic channels, often with an adventitious covering; and
- Cystic Lymphangioma, consisting of multiple cystic cavities filled with a straw-coloured fluid.[4]

Sclerotherapy is second line treatment. It is indicated when complete surgical resection is difficult and in recurrent cases. Most common sclerosants used are Picibanil/ OK-432 (a lyophilized mixture of group A *Streptococcus pyogenes* and benzylpenicillin), bleomycin, doxycycline, acetic acid, absolute ethanol and hypertonic saline.

Differential diagnoses to be kept in mind are lymphadenitis, abscess, cervical rib, lipoma, pharyngeal pouch, subclavian aneurysm and branchial cyst.

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