



HAL
open science

Cystic mass appended to the greater curvature of the stomach? Cystic lymphangioma of the greater omentum

A. Taibi, S. Derbal, M. Mathonnet, S. Durand Fontanier

► To cite this version:

A. Taibi, S. Derbal, M. Mathonnet, S. Durand Fontanier. Cystic mass appended to the greater curvature of the stomach? Cystic lymphangioma of the greater omentum. *Journal of Visceral Surgery*, 2020, 157, pp.443 - 445. 10.1016/j.jviscsurg.2020.03.010 . hal-03493580

HAL Id: hal-03493580

<https://hal.science/hal-03493580>

Submitted on 17 Oct 2022

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.



Distributed under a Creative Commons Attribution - NonCommercial 4.0 International License

Surgical image

Cystic mass appended to the greater curvature of the stomach? cystic lymphangioma of the greater omentum

A Taibi ^{1,2*}; S Derbal ¹; M Mathonnet ¹; S Durand Fontanier ^{1,2}

¹ Digestive Surgery Department, Dupuytren University Hospital, 87000 Limoges, France

² University Limoges, CNRS, XLIM, UMR 7252, 87000 Limoges, France

*: Auteur correspondant

TAIBI Abdelkader, Service de Chirurgie digestive, générale et endocrinienne, CHU Dupuytren,
Limoges, France, abdelkader.taibi@hotmail.fr, tel: +33 5 55 05 62 96, fax: +33 5 55 05 62 12

Key words: cystic lymphangioma, omentum, cystic lesion

A 50-year-old man, with no remarkable antecedent history or comorbidity, was admitted through the emergency department for abdominal pain with epigastric discomfort of one week's duration. Physical examination identified a palpable epigastric and peri-umbilical mass associated with abdominal tenderness but without true guarding. Abdomino-pelvic computerized tomography (CT) showed a supra-vesical mass measuring 10 x 8.6 x 14.2 cm overlying the proximal portion of the mesenteric vessels (Fig 1). Abdominal magnetic resonance imaging (MRI) showed a multilocular liquid structure with parietal enhancement after injection of gadolinium (Fig 2). Exploratory laparotomy found a soft, whitish, cystic tumor in the greater omentum, approximately 10 cm from the greater curvature (Fig 3 and Fig 4). Resection was achieved without gastrointestinal, tumoral or vascular violation. Pathology confirmed the diagnosis of cystic lymphangioma (CL).

CL are rare benign tumors [1]. They can be discovered at almost any age, but present most often in childhood. Most of these tumors are cervical or axillary, more rarely mediastinal or abdominal (5-10% of cases).

Most patients with CL are initially asymptomatic. Abdominal symptoms appear progressively. The clinical picture can occasionally be more disruptive when complications such as torsion, rupture, bleeding, intestinal obstruction, or compression of adjacent organs occur [2]. The rarity and clinical silent progression are often reasons for difficulty in pre-operative diagnosis. Abdominal CT and MRI are necessary to define these intra-abdominal cystic images and eliminate such lesions as pancreatic pseudocysts, appendicular cysts or mesothelioma from the differential diagnosis. Imaging is generally typical and demonstrates a

unilocular or multilocular cystic mass, with or without contrast enhancement of the wall or septa. Exploratory laparoscopy can be proposed for doubtful diagnosis or evaluation of resectability. However, laparotomy represents the treatment of choice to achieve complete surgical resection [3,4]. Recurrence occurs in 40% of patients in case of incomplete resection.

Conflicts of interest: none

References

1. Rojas CL, Molina GA. Cavernous lymphangioma of the small bowel mesentery, an infrequent cause of acute abdomen in adult. *J Surg Case Rep* 2018; 2018(2): rjy018.
2. Mistry KA, Iyer D. Torsion of the greater omentum secondary to omental lymphangioma in a child: a case report. *Pol J Radiol* 2015; 80: 111–114.
3. Mabrut JY, Grandjean JP, Henry L *et al.* [Mesenteric and mesocolic cystic lymphangiomas. Diagnostic and therapeutic management]. *Ann Chir* 2002; 127(5): 343–349.
4. Hureibi K, Sunidar OA. Mesenteric cystic lymphangioma mimicking malignancy. *BMJ Case Rep* 2014. doi:10.1136/bcr-2014-203560.

Legends to Figures

Figure 1: Sagittal slice of abdominopelvic CT: well defined hypodense mass (A), homogenous contents, located behind the bladder (B). This 10 cm x 8.6 cm x 14.2 cm mass compresses the rectum (C) posteriorly.

Figure 2: Sagittal slice of MRI: cystic mass (A) providing a homogeneous multilocular (*) liquid T2 hypersignal, with enhanced walls after injection of gadolinium.

Figure 3: Intra-operative view of the stomach (A) and the cystic mass (C) appended to the greater omentum (B).

Figure 4: Intra-operative view of the cystic mass (A) appended to the omentum (B). (C) and (D) represent the mesentery and jejunum.







