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(CASE REPORT)

Cyst Lynphangioma of the bilateral kidney: Case report and a literature review

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Abstract

Cystic lymphangioma is a rare malformative benign tumor of the lymphatic vessels with various localizations. The retroperitoneal localization is less frequent compared to the mesenteric one. Its clinical presentation is polymorphic.

The diagnosis is evoked by imaging but requires histological confirmation. The treatment of choice is surgical. Cystic lymphangioma of retroperitoneal location is a rare condition.

The therapeutic management is based on complete removal of symptomatic lesions or complications to limit the risk of recurrence. Recurrence may be deferred in asymptomatic patients.

Keywords: Cystic lymphangioma; Benign tumor; Malformative; Kidney

1. Case report

Patient 27 years old, housewife, married, mother of 2 children,

Surgical history: JJ catheterization and removal 3 years ago, percutaneous drainage of a retroperitoneal collection. She was consulted for bilateral low back pain.

Clinical examination found a stable patient on the hemodynamic and respiratory plan with lumbar sensitivity as well as lumbar contact, she benefited from a biological check-up which objective a normocytic hypochromic anemia as well as a CRP ascension, the rest of the check-up was without particularity.

The patient underwent a Uroscanner which showed a large sub capsular collection in the bilaterally, more marked on the right, in relation to a cystic lymphoma in the kidney.

The patient underwent a surgical resection of the tissue measuring 15cm*8cm and 13cm*7cm by sub costal approach.

The patient was discharged after 4 days of surgery and the pathological study was in favor of a reactive lymphoid hyperplasia.

The patient was seen at 3, 6 and 12 months with no abnormalities.

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2. Discussion

Cystic lymphangiomas are rare benign tumors [1, 2] that are mostly seen in children [3]. Half of these lesions are reported to be present at birth, and males and females are affected to a similar extent in adulthood [4], whereas in children the sex ratio is similar [4],

The clinical manifestations of abdominal cystic lymphangioma are highly polymorphic [3, 4] and may not manifest until adulthood as an often asymptomatic mass [3, 4]. A large tumor volume usually causes abdominal pain, which is the most frequent symptom, but can also lead to an increase in abdominal circumference, a palpable mass, intestinal obstruction or even volvulus [4]. In our case, the patient complained of abdominal pain, with tenderness and lumbar contact.

In the absence of specific clinical signs, the radiological assessment will guide the diagnosis [5]. To establish the diagnosis, ultrasound is the most useful examination initially [4]. It classically shows a uni or multilocular fluid tumor with fine partitions that is well limited [3]These ultrasound aspects remain non-specific and the CT scan presents an excellent initial diagnostic means in adults [3, 4].

In our case, the patient underwent an ultrasound scan, followed by a Uroscanner, which revealed a large collection under the right renal capsular surface in relation to her renal lymphansiomatosis, with a small collection on the contralateral side. The CT scan also allows the evaluation of the relationship of the tumor with the surrounding organs and to differentiate retroperitoneal lymphangioma from intraperitoneal lymphangioma [1]. MRI, in second intention, allows to better specify the nature of the cyst contents [4] and appreciates very well the perivascular extension of the lesion [3]. The cystic lymphangioma has a fluid signal: hyposignal in T1 and hypersignal in T2. The septa are hyposignal in T1 and T2.

The definitive proof of the diagnosis of cystic lymphangioma is provided by pathological examination [3, 4]. Surgical excision, open or laparoscopic, is the classic attitude in abdominal localization [4, 6, 7]. The recurrence rate is 40% after incomplete resection and 17% after macroscopically complete resection, all locations combined [4, 8].

In our case, the patient benefited from a surgical exeresis by sub-costal way, there was no recurrence over 1 year of follow-up.

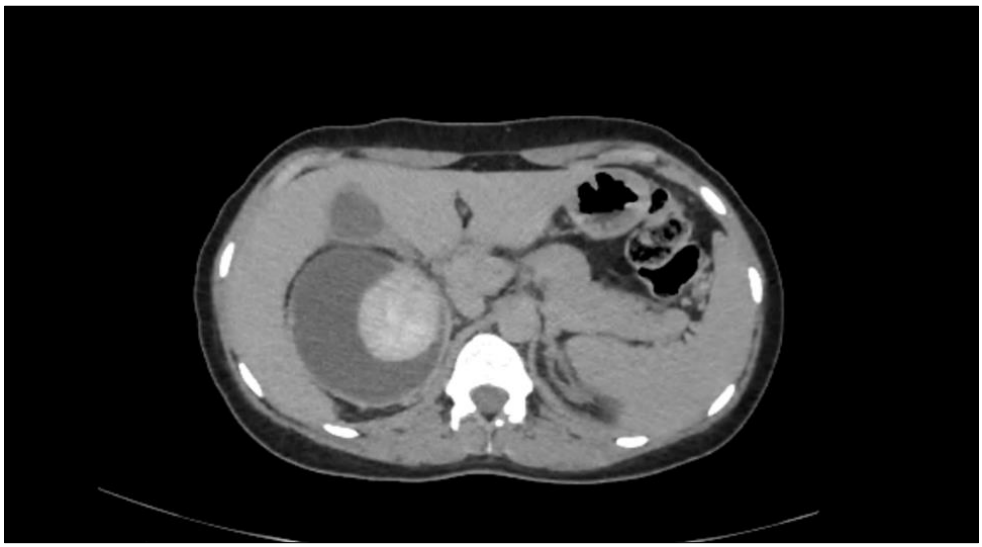

Figure 1 Cross-sectional scan showing an effusion in the subcapsular space of the right kidney

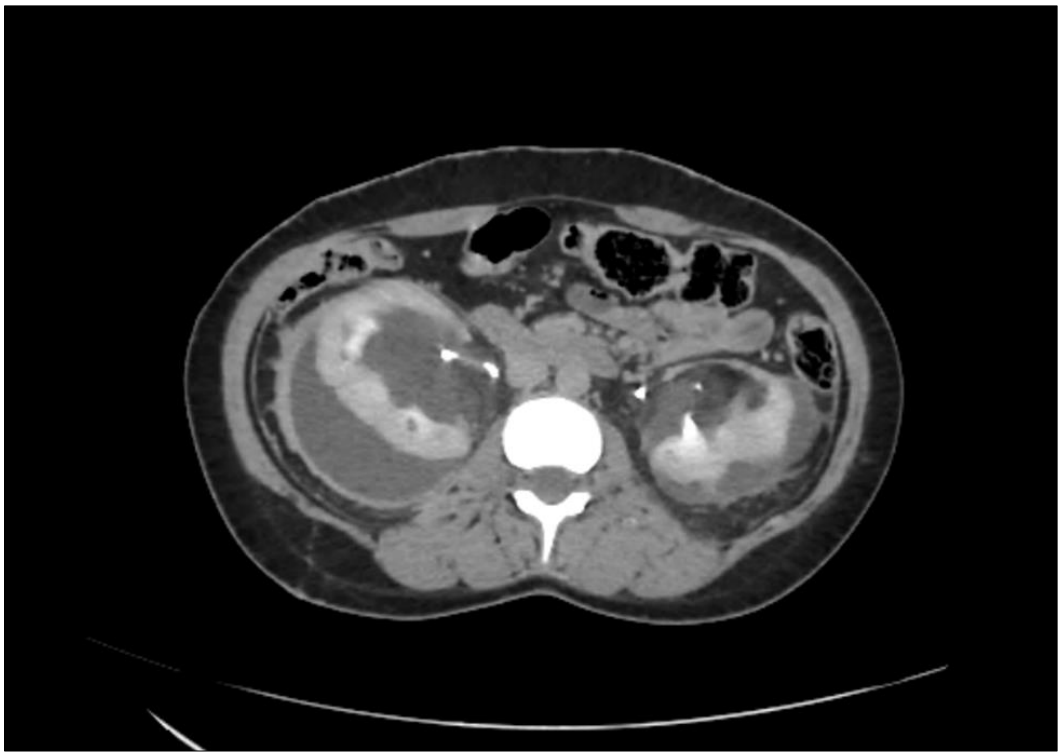

Figure 2 The uroscanner which objectifies a sub capsular collection at the level of the 2 kidneys without extravasation of the contrast product

3. Conclusion

- Cystic lymphangiomas are rare tumors that are mostly seen in children
- The diagnosis is evoked on radiology and confirmed by histology.
- In case of a non-symptomatic lesion, surveillance is the rule.

In case of a symptomatic lesion, complete surgical removal seems to be the best option to limit the risk of recurrence.

Compliance with ethical standards

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Disclosure of conflict of interest

no conflict of interest.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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