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Lymphangioma With Calcification In An Adult: Case Report

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Abstract:
Lymphangiomas, typically congenital malformations of lymphatic vessels, are more common in children and rarely seen in adults. In this case, 51-year-old female presented with a chief complaint of right facial pain for three months. She had a history of trauma at one month of age and tuberculosis 15 years ago, for which she completed medication. Clinical examination revealed an asymptomatic, diffuse swelling on the left side of the face extending to the posterior triangle of the neck. Intraorally, the tongue appeared enlarged with multiple red, blue, and grey pebbles, giving it a granular appearance. Based on clinical and radiographic findings, including OPG and CBCT, a diagnosis of lymphangioma on the left side of the face was made, with myofascial pain dysfunction syndrome (MPDS) affecting the right side. USG further supported the diagnosis of lymphangioma with nodal calcifications. Differential diagnoses included hemangioma and cystic hygroma. As the lesion was asymptomatic, the patient was placed under observation, and treatment was provided for MPDS. Various treatment options exist, including surgical excision and sclerotherapy, but observation was chosen due to the absence of symptoms.

Keywords- *Adult, Calcification, Lymphangioma*

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I. Case Report:

51-year-old female patient came to department of oral medicine and radiology, government dental collage and hospital, with the chief complaint of pain over right facial region for 3 months. There was last trauma at age of 1 month of life due to fall on the floor and history of TB before 15 years and completed medication. Extra orally, diffuse swelling seen over left facial region involving posterior tringle of neck extending anteroposterior from ala of the nose to posteriorly upto posterior border of mandible and inferosuperior involving from the lower border of mandible to superiorly upto tragus of ear. Patient had no complaint in relation to swelling present on left side. [FIG 1. And 2.] No history of dysphagia, difficulty in swallowing. Overlying surface was normal. Intraorally, dorsal aspect of the tongue appeared enlarged with pebbles like multiple red, blue, grey in colour giving irregular and granular appearance [FIG.3] No any bleeding tendency or ulceration seen. Movement of tongue were normal. All teeth are present with normal size, shape and structure.

On palpation, all inspectory findings were confirmed. Muscles of mastication were tender on palpation on right side. Diffuse Swelling present over left facial region was completely asymptomatic, it was soft and fluctuant in consistency, compressible, non-tender on palpation. No any bleeding tendency or discharge seen. Temperature was normal. Surrounding area was normal. Intraorally, tongue was soft, pebbly and non-tender in nature. There was no restriction in functions of the tongue. On the basis of inspectory and palpatory findings clinical diagnosis lymphangioma involving left side of facial region with MPDS involving right side of face were considered with D/D of hemangioma of left facial region.

OPG and CBCT were advised. It shows complete maxillary and mandibular arch with altered size and shape of condyle on left side. Reduced width of left side ramus of mandible. Discrete Multiple scattered well

defined rounded radiopaque Structures approx. 1x1 cm is seen in the left mandibular ramus region, lower border of mandible and posterior to angle of mandible. s/o Calcified lymph nodes. [4,5]

USG were advised to rule out any vascular lesion. USG report shows, ill-defined hypoechoic areas at submandibular region and posterior to submandibular gland and extending to parotid gland region. Lesion shows internal hyperechoic areas without evidence of vascularity. Hence, all the clinical, radiological and USG investigations were pointing toward the diagnosis of lymphangioma involving left side of facial region, tongue with nodal calcification. D/D of hemangioma of left facial region with nodal calcification and cystic hygroma involving left facial region with nodal calcification was considered. Patient was explained the treatment sclerotherapy followed by surgical intervention but the lesion was completely asymptomatic so we kept patient under observation as it was asymptomatic and treatment given for MPDS involving right side face.

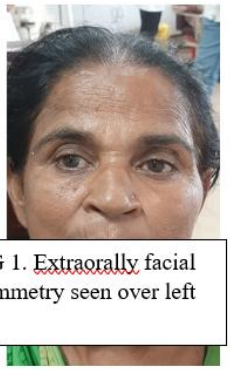


FIG 1. Extraorally facial asymmetry seen over left side

FIG 2. Diffuse swelling seen over left facial region

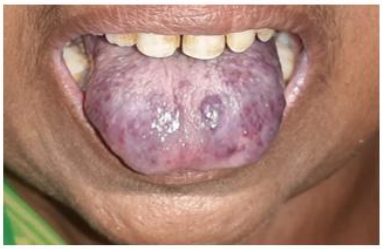
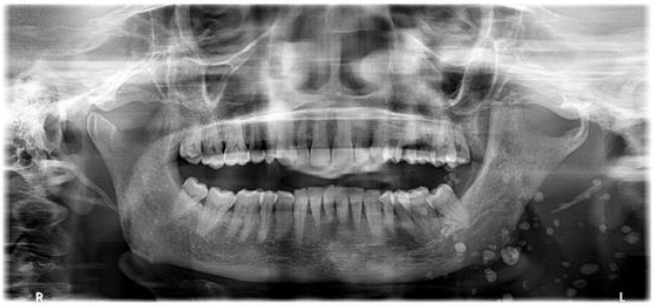


FIG 3. Enlarged, pebbled and lobulated tongue seen with purplish color



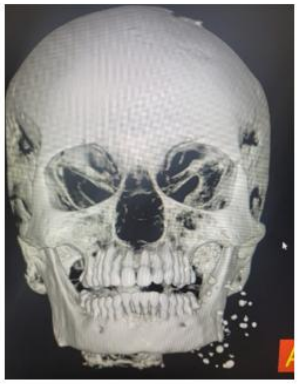


FIG 4. and FIG 5. OPG and 3D image shows, Discrete Multiple scattered well defined rounded radiopaque structure at angle of mandible and below the lower border of mandible

II. Discussion:

Lymphangiomas are vascular malformations that mostly occur in the neck region. Some researchers have proposed classifying lymphangioma as a congenital pathogenesis of lymphatic tissue. [1-3] Many cases of lymphangioma have been reported in the pediatric population since the disease was first described in European literature by Redenbacher in 1828. [4] Incidence of Lymphangioma 1.2-2.8 per 100,000 newborns. [2,5] They rarely present in adults.[2] The most common location is the posterior triangle of the neck (75% of cases), such as present in this case. It is classified according to the size of the vessels involved into. Capillary lymphangioma, generally located in the subcutaneous tissue. Cavernous lymphangioma, located on the tongue and mouth. Cystic lymphangioma, also called cystic hygromas, which present most commonly in the neck. [1,2,6,7] Therapeutically, they are classified into macrocystic, microcystic or mixed lymphangiomas. [2]

An asymptomatic mass in the neck is the main complaint of adult patients with a cervical lymphangioma, while other symptoms include difficulty in breathing or swallowing as well as pain due to infection or compression of the lymphangioma. They can occasionally cause symptoms due to compression of organs, which can manifest as dysphagia when the oesophagus is compressed and dyspnoea when the trachea is compressed. [1,3,4] As in this present case there was asymptomatic mass involving left facial and neck region, without difficulty in breathing, swallowing other findings were present according to the other literature. Typically, the mass is soft, nontender, ill-defined and overlying surface is normal. It was soft and fluctuant in consistency, compressible, non-tender on palpation. [2,6,7] Involved tongue appeared enlarged with pebbles like multiple red, blue, grey and clear vesicles. Tip of the tongue was also involved as a part of lesion similar findings were noted in present case. [8,9]

In rare cases, on radiographs [CT] it shows hyperdense lesion in the region of the angle of mandible with multiple, small round-to-ovoid hypodense structures within the lesion, which could represent calculi [10]. In present case, Multiple well defined rounded hyperdense structures seen approx. 1x1 cm in region of mandibular ramus region, lower border of mandible and posterior to angle of mandible s/o Calcification. On ultrasonography, the cystic lymphangioma appears as a hypoechoic, multicystic, multiseptated lesion surrounded by smooth thin or irregular walls. There is no blood flow on Doppler US. [1,2,3,6] In this present case it shows, ill-defined hypoechoic areas at submandibular region and posterior to submandibular gland and extending to parotid gland region. Lesion shows internal echoic areas without evidence of vascularity. It supports our diagnosis. Differential diagnosis of the hemangioma, thymic cyst, bronchogenic cyst, cystic hygroma should be kept in mind.

Treatment modalities for lymphangiomas include conservative observation, surgery, sclerotherapy, and medical management, of which surgical excision and sclerotherapy produce better responses. [4,5,7] Various products, such as sodium morrhuate, dextrose, tetracycline, doxycycline, bleomycin, ethibloc and OK-432, have been used as sclerotherapeutic agents. [5]

III. Conclusion:

Head and neck lymphangiomas are not uncommon in adults. They can be seen at any age, even in elderly patients. The lesions are generally asymptomatic and cause cosmetic problems. Lymphangioma is often seen in the neck and cavernous lymphangioma in the oral cavity. Total surgical resection provides both treatment and definitive diagnosis. Recurrence can be seen, but malignant transformation is not expected.

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