

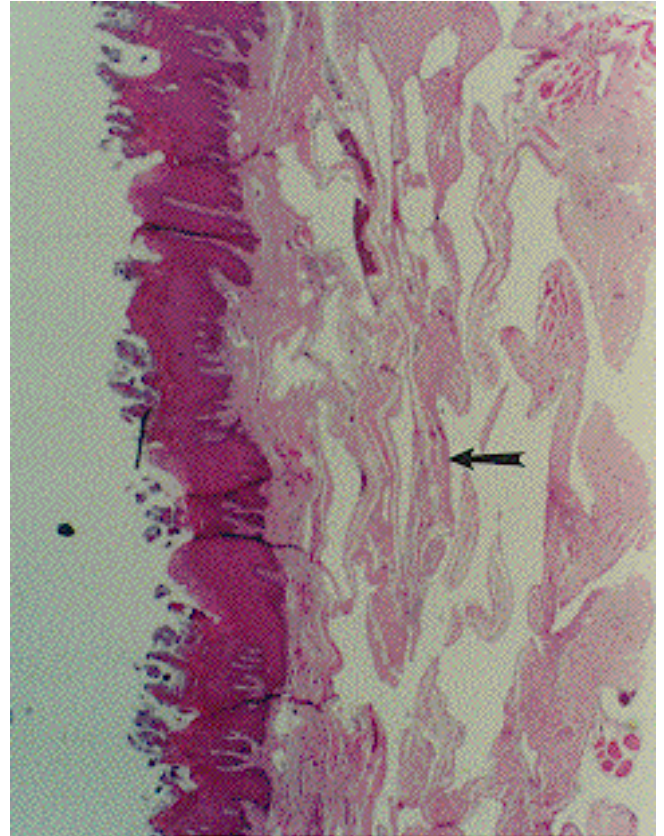
LYMPHANGIOMA

There are many variants of local enlargements of the lymphatic system making it difficult at times to distinguish between true neoplasm and dilations caused by stasis or hamartomas. Capillary lymphangiomas are small fleshy nodules often found in the skin. They are lined by endothelial cells and contain lymph and lymphocytes but no erythrocytes. Cavernous lymphangioma or cystic hygroma is seen most often in the neck and axilla and these lesions may grow to 20 or 30 centimeters and greatly distort the neck of a young child. There may be smooth muscle in the walls of a lymphangioma but no erythrocytes are seen, distinguishing these lesions from hemangiomas which they resemble histologically.

Lymphangioma, tonsil. Endothelial lined spaces (small arrow) contain serum-like fluid but no erythrocytes, distinguishing the condition from hemangioma. Tonsillar tissue is seen in one corner (large arrow). One channel does contain erythrocytes marking it as a blood vessel (double arrows).



Lymphangioma. Large, irregular spaces lined by endothelium (not well-seen here) are empty in this preparation but before fixation did contain proteinaceous material. The stromal bands represent fibrous connective tissue (arrow).



CLINICAL ASPECTS

Some large lymphangiomas in the necks of infants may undergo spontaneous resolution, at least partially, and therefore surgery, the preferred therapy, should be delayed when possible until the child is 3 or 4. Sometimes, because of recurrent infection or compressive symptoms, earlier operative treatment is needed.

Smaller lesions in adults can be excised without difficulty in most instances.