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Adult-Onset Cervical Cystic Lymphangioma

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A 55-year-old female presented with an insidious painless growth over the left supraclavicular region for the past 3 years. The swelling progressively increased in size 1 month before, preceded by an upper respiratory tract infection episode; however, she denied any alarming head and neck symptoms, such as voice changes, dysphagia, dyspnea, and odynophagia. The constitutional symptoms and risk factors of malignancy were also absent.

Clinical assessment revealed a painless cystic swelling in the left supraclavicular region, measuring 5 × 6 cm (Fig. 1). It was smooth and mobile on palpation. The transillumination test result was positive. The oral examination and flexible endoscopic examination results of the upper aerodigestive tract were unremarkable. No abnormalities were observed in a complete head and neck examination including the lower cranial nerves. Ultrasound Doppler imaging of the neck revealed a well-defined, non-vascularized hypoechoic lesion with septations. Magnetic resonance imaging (MRI) revealed a well-circumscribed lesion with a clear demarcation of the surrounding structures. It was hyperintense and hypointense on T2-weighted sequence imaging and T1-weighted sequence imaging, respectively (Fig. 2). These radiological features indicated a lymphatic malformation.

The patient underwent surgical excision under general anesthesia (Fig. 3). Histopathological examination revealed multiple dilated lymphatic channels in loose connective tissue stroma, with foci of lymphoid aggregates within the cyst wall, confirming the diagnosis of cystic lymphangioma. Follow-up at 6 months after the surgical excision showed no recurrence.

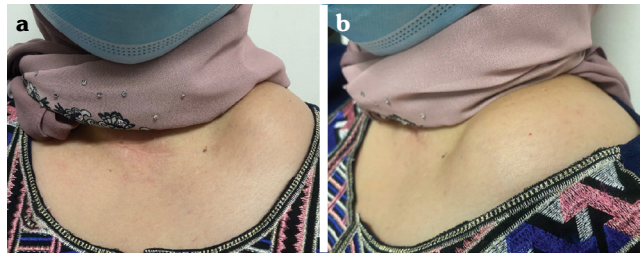

Figure 1. Clinical photograph of the neck in the anterior (a) and lateral aspects (b). The swelling is located over the left supraclavicular region with normal overlying skin

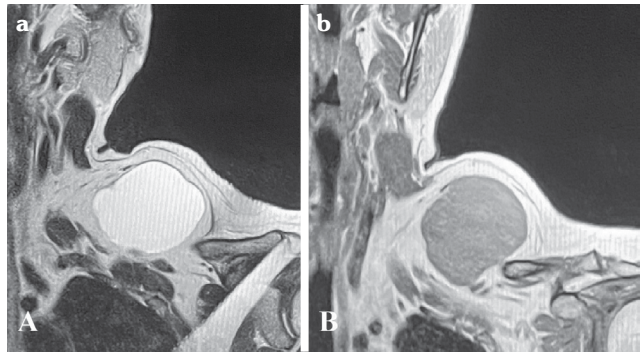

Figure 2. Magnetic resonance image of the neck in the coronal view, demonstrating a well-lobulated cystic lesion, which is hyperintense on T2 sequence imaging (a) and hypointense on T1 sequence imaging (panel b)

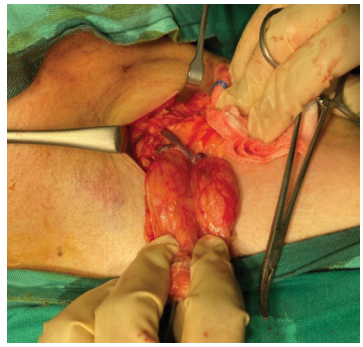

Figure 3. Intraoperative finding of a thin-walled cystic lesion with citrine material content

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DISCUSSION

Lymphangiomas, also known as cystic hygromas, can be considered a differential diagnosis in adult-onset cervical masses, albeit its rare incidence. However, the importance of careful and meticulous evaluation to exclude other sinister pathologies, especially metastatic necrotic lymph nodes from head and neck malignancies, cannot be overemphasized. Lymphangiomas represent an unusual congenital anomaly of the lymphatic system. These malformations are observed in the head and neck region and postulated to occur secondary to failure of embryological connection between lymphoid vessels and the venous system (1). The incidence of lymphangioma ranges from 1.2 to 2.8 per 100,000 newborns, with 90% of cases found in children <2 years of age (1). The entity is rare in adults with unknown etiology, although trauma and upper respiratory tract infection have both been indicated as possible triggers for its onset (2). Clinical examination of cystic hygroma revealed an ill-defined soft mass that was non-tender on palpation. Cross-sectional imaging, such as computerized tomography and MRI, is essential to demonstrate the precise relationship of the lesion with the surrounding structures and, most importantly, its benign radiological features. Surgical excision has diagnostic and therapeutic values, and is the preferred modality in the management of lymphangiomas. Other management options include sclerotherapy or careful observation in asymptomatic cases (1, 2). Histopathological evaluation remains the only option for confirming the diagnosis.

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