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LETTER TO THE EDITOR

Mesenteric Lymphangioma with Intestinal Malrotation in a Neonate: A Rare Finding

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A 3-day-old male neonate presented to emergency with complaints of bilious vomiting since 6 h of life. Nasogastric aspirates were bilious and X-ray abdomen showed gasless abdomen. After adequate resuscitation, he underwent exploratory laparotomy that revealed midgut malrotation and mesenteric cystic lymphangioma that was densely adhered to proximal jejunum and its mesentery (Figure 1). The part of intestine along with cyst was resected and primary anastomosis was done. Mesentery was broadened, and bowel placed in nonrotation at closure of abdomen. The post-operative period was uneventful. The histopathologic examination confirmed the diagnosis of mesenteric cystic lymphangioma.

Messineo et al. [1]. reported that intestinal lymphangiomas were seen in 11 of 182 (6%) children with malrotation. They also suggested that the presence of an intestinal lymphangioma is a risk factor for increased mortality in children with malrotation. Sarin and Singh [2] highlighted this uncommon association as extremely rare in neonatal age. Various radiological modalities are used to diagnose lymphatic malformation, with ultrasonography being easily available and accessible. It helps in the assessment of intracystic structures such as echogenic contents, thickness of capsule, and internal septations. Computed tomography shows multiloculated cystic mass with typically homogeneous fluid component of low-attenuation values.

Looking at the intraoperative findings and analyzing retrospectively, the symptomatic presentation of our case may be attributed to compression effect of mass or partial volvulus also, but laparotomy took care of both. Weeda et al. [3] reported two such cases, of which one was a neonate; they even suggested that mesenteric cystic lymphangioma may be an acquired anomaly secondary to chronic intermittent volvulus. In children, resection and anastomosis may be required in up to

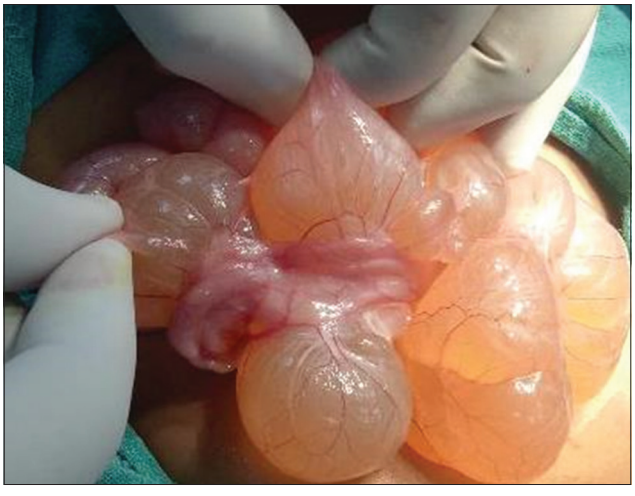

Figure 1: Mesenteric lymphangioma

50–60% of cases [4]. The partial excision with marsupialization of remaining cavity is also option if complete excision, even with bowel resection is not possible.

REFERENCES

1. Messineo A, Jac Millan JH, Palder SB, Filler RM. Clinical factors affecting mortality in children with malrotation of the intestine. J Pediatr Surg 1992;27:1343-5.
2. Sarin YK, Singh VP. Unusual neonatal intestinal obstruction due to mesenteric cyst associated with malrotation. Surg J N India 1995;11:157-8.
3. Weeda VB, Booij KA, Aronson DC. Mesenteric cystic lymphangioma: A congenital and an acquired anomaly? Two cases and a review of the literature. J Pediatr Surg 2008;43:1206-8.
4. Richard RR. Mesenteric and omental cysts. In: Grosfeld JL, O'Neill JA Jr., Coran AG, Fonkalsrud EW, editors. Pediatric Surgery. 6th ed. Philadelphia, PA: Mosby Elsevier; 2006. p. 1399-406.

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