Cystic Hygroma in Elderly

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Introduction
Cases of cystic hygroma in adults have been reported sporadically in the literature. In this paper, we add another to that list. A cystic hygroma is a lymphatic malformation, primarily congenital in nature. Caused by the benign proliferation of the lymphatic vessels, this anomaly can affect any anatomical location; yet the usual target is the head and neck region. The resulting enlargement can lead to serious respiratory complications and dysphagia. The repeated incidences of a condition, considered unlikely in adults, demands it to be considered on a considerably larger scale.

Case Report
The patient was a 65-year-old woman with swelling in the left side of neck for the last three months. It gradually increased in size, but was not associated with pain or any other symptom. On physical examination, a 12x6cm, soft, fluctuant, transilluminate, non-tender swelling in the left posterior triangle of the neck was seen (Figure 1). Fine needle aspiration biopsy (FNAB) showed a cystic lesion, liquid-containing-lymphocytes. Ultrasound of the neck showed a well-defined, encapsulated, cystic swelling with internal septations and debris. Computed tomography (CT) of the neck showed a well-defined, rounded, 56x74x71mm cystic structure having fluid density involving post-cervical region, extending superiorly from C2 up to left supraclavicular region, medially compressing upon paravertebral muscles, laterally raising a bulge on skin, posteriorly reaching up to trapezius & anteriorly abutting the sternocleidomastoid muscles. Surgical excision of the cyst was done under general anesthesia (Figure 1).

Discussion
Cystic hygroma is a swelling that is lymphatic in origin and presents usually in children. Some rare cases have also been reported in older people as well. Like many other cases reported in literature, our patient also presented with no symptom other than the bulge. But it can lead to serious pre- and post-operative consequences, which include aberrant respiration and nerve injuries respectively. The pathophysiological basis behind this benign condition, is thought to be the failure of the lymphatic system to deliver the fluid back to the venous system. This results in the accumulation of the fluid and dilation and proliferation of the accommodating channels, making the area highly susceptible to infections. The mechanism causing this obstruction is still unclear.

Before the management, visualization of the tumor, to help eradicate it completely, is very important. The adopted imaging techniques include; Ultrasonography and Magnetic resonance imaging (MRI). Surgical Excision is the treatment of choice, however it has its own demerits as well. In a routine follow up, our patient showed satisfactory results, but the recurrence of the hygroma is also likely as reported in the literature. The other management option is the Sclerotherapy, the most effective of which is Bleomycin Sclerotherapy. The Bleomycin Emulsion when injected directly into the tumor, brings about marked fibrotic changes leading to tumor resection. Cystic hygroma also tends to get resolved in some patients, without any intervention.

Gradual increase in the number of cases, reported for the cystic hygroma in adults, apprises the need to...
determine the exact cause behind it. This will facilitate in devising preventive and curative measures. It also gives rise to the need to compare and contrast the congenital or pre-natal cystic hygroma with the one that is adult-onset in nature. It may also help in increasing the survival rate of fetuses with the congenital condition, the incidence of which is very high till date.  

References