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Vascular Surgery

Rare Cause of Inferior Vena Cava Syndrome

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Abstract **Case Report**

Cystic lymphangioma (LK) is a rare tumor of the lymphatic tract. The clinical presentation of LK is variable and the therapeutic indication depends on several factors, in particular the presence of complications. We report the case of a retroperitoneal cystic lymphangioma revealed by an inferior vena cava syndrome.

Keywords: Cystic lymphangioma, Retroperitoneal, inferior vena cava syndrome.

INTRODUCTION

Cystic lymphangioma (LK) is a rare tumor of the lymphatic pathways characterized by its benign evolution [1]. Retroperitoneal location is rare [2]. The discovery is most often made in childhood. The evolution of the disease can be marked by the occurrence of serious complications, in particular compressive ones.

We report the case of a patient who underwent surgery for a retroperitoneal cystic lymphangioma revealed by an inferior vena cava syndrome.

CLINICAL CASE

40-year-old patient, in good general condition, with no personal medical or surgical history. She reported the appearance of low back pain relieved by the usual analgesics. The clinical examination found a patient in good general condition, apyretic, who presented with bilateral edema of the lower limbs, in socks, without local infectious signs or crural adenopathy, and without any signs right ventricular failure. Cardiovascular examination is unremarkable. Abdominal palpation found slight tenderness in the right iliac fossa. The rest of the exam was normal. Faced with this clinical picture, evoking an inferior vena cava syndrome, an abdominopelvic CT angiography was performed, which revealed the presence of a retroperitoneal and right latero-caval cystic mass compressing the IVC (**Figure 1**).

Surgical treatment was retained in view of the size of the mass and its symptomatic nature. The median approach was chosen allowing the demonstration of a cystic mass compressing the inferior vena cava (**Figure 2**).

The opening of the bag allowed the aspiration of a citrine yellow liquid, then a complete excision of the cystic walls was carried out.

Lymphostasis was obtained by ligation. The postoperative course was simple. The anatomopathological examination confirmed the diagnosis of LK. The follow-up after six months and one year did not reveal any recurrence.

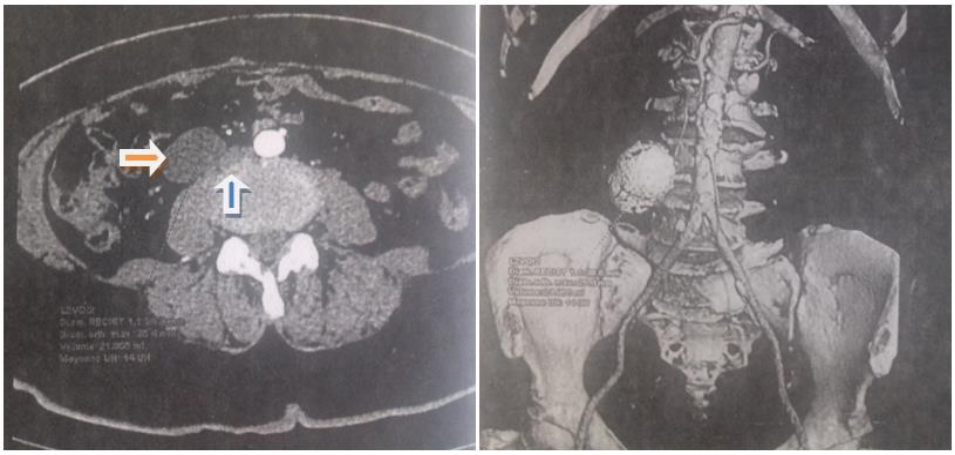

Figure 1: Axial CT scan: cystic lymphangioma (orange arrow) which compresses the vci (blue arrow)

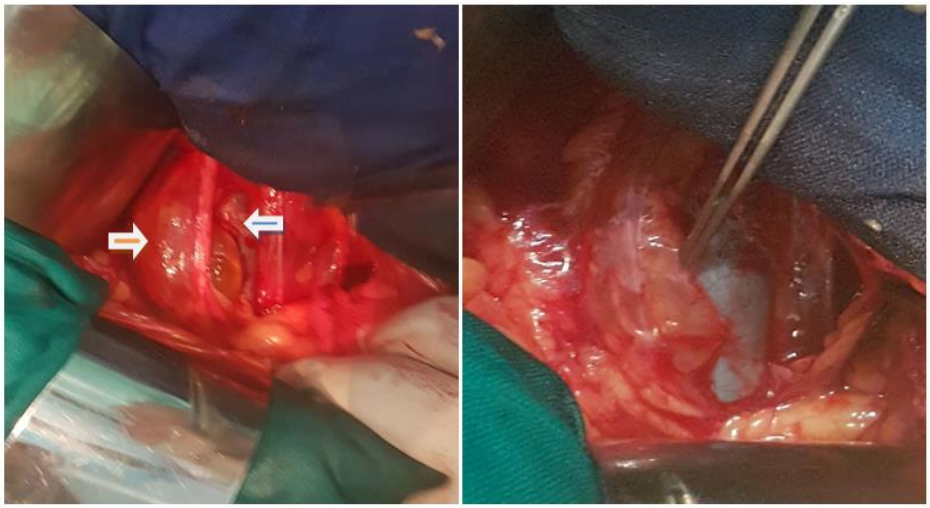

Figure 2: Intraoperative image showing the cystic lymphangioma (orange arrow) adhering to the inferior vena cava (blue arrow)

DISCUSSION

Cystic lymphangioma is a rare malformative benign tumor of the lymphatic vessels in various locations.

The formation of cystic lymphangiomas can be explained either by obstruction of the lymphatic pathways following trauma or degeneration [3] or be of congenital origin.

The clinical presentation of LK is variable [4]. When the lesion is symptomatic, the clinical signs are related to the tumor volume or to a complication, ranging from an often asymptomatic mass in adults to acute abdominal pain or even complications No sign is specific and it is the imaging assessment that will guide the diagnosis [5, 6].

However, the diagnosis of LK can only be confirmed on histological examination [7]. The therapeutic indication depends on several factors, in particular the presence of complications. The reference treatment is surgical excision, which must be as complete as possible [8].

CONCLUSION

Retroperitoneal LK is a benign tumor of the lymphatic system. Retroperitoneal localization is rare. In the event of a complication, complete surgical excision is the rule.

The authors declare no conflict of interest.

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