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Cystic Hygroma In An Adult

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Introduction

Introduction: Cystic hygroma is known as lymphangioma which is a benign hamartomatous hyperplasia of lymphatic vessels. This tumour is thought to be developmental malformation of vessels which have poor communication with the normal lymphatic system. Most of the cases of cystic hygroma present before the age of 1-2 year. Only some cases of cystic hygroma present in childhood that enlarged in adulthood. Head and neck is the commonest site of occurrence. Many of this located in the posterior triangle of the neck. They may extend into oral tissues and oro-facial spaces. They may associated with macroglossia, mandibular prognathism, asymmetry of the face. They may cause respiratory embarrassment and dysphagia. The recurrence rate for suprahyoid cases has been reported in as many as 80% of patients. Ideal treatment for cystic hygroma is complete surgical excision of the tumor.

Objectives

A eighteen year old male patient complained of swelling in the lower third of the face since birth with the history of surgery when patient was one year old. Swelling was recurrent and gradually increased to present size. Pus discharge followed by blood discharge since one month. On extra oral examination revealed solitary swelling measured 12x8 centimeters crossing the midline (Figure 1 and 2). Multiple sinus opening seen in the chin region (Figure 3). On palpation swelling was lobular, soft to firm consistency, freely movable and fluctuant. On intra-oral examination, swelling extended from angle of the mouth to distal of 37 obliterating the vestibule from 41 to 36. Multiple popular elevations seen on buccal mucosa of left side (Figure 4). Considering the case history and examination of lesion we gave provisional diagnosis of hemangioma and differential diagnosis of lymphangioma and Rhabdomyoma.

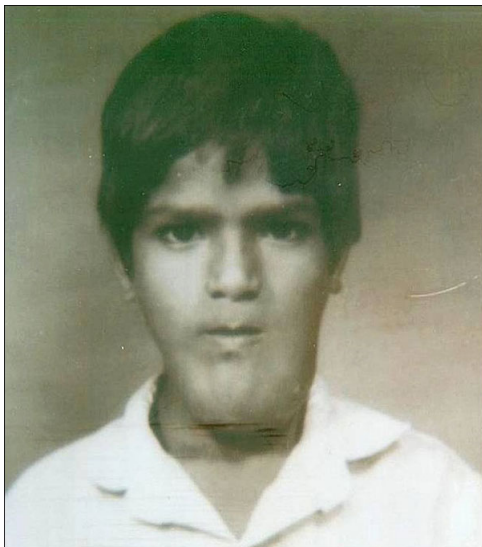


Fig 1: Extra oral swelling 10 years back



Fig 2: Extra oral swelling when presented to department

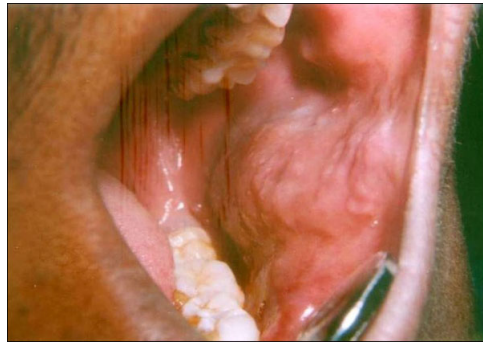


Fig 3: Extra oral Photograph showing multiple sinus opening

Fig 4: Intra-oral swelling extended from angle of the mouth to distal of 37

Material and Methods

Materials and Methods: Later patient was subjected to Radiologic and histopathological investigations. Orthopantogram (Figure 5) and lateral skull projection (Figure 6) showed soft tissue shadow with no bony involvement. Computed tomography (Figure 7 and 8) showed non homogenous mass of density on buccal aspect with no evidence of bone destruction. Incisional biopsy revealed many dilated vascular lymphatic vessels of various configuration containing RBC's and eosinophilic coagulum (Figure 9).

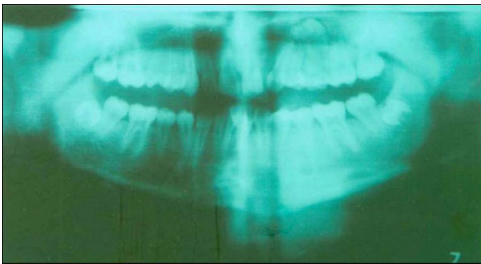


Fig 5: OPG

Fig 6: Lateral skull view



Fig 7: Axial computed tomographic section

Fig 8: Coronal computed tomographic section

Results

Final diagnosis of Lymphangioma was given based on incisional biopsy findings. Then patient underwent surgical excision of the whole lesion. Excision biopsy revealed many dilated vascular lymphatic vessels of various configuration containing RBC's and eosinophilic coagulum suggestive of cystic hygroma (Figure 10).

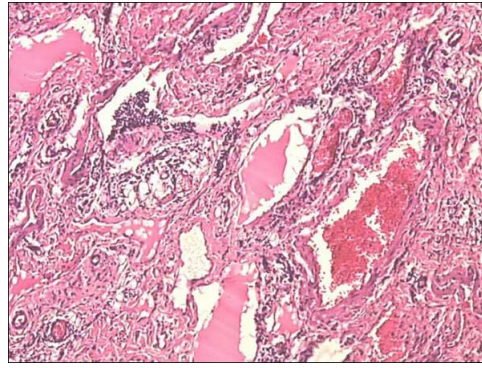
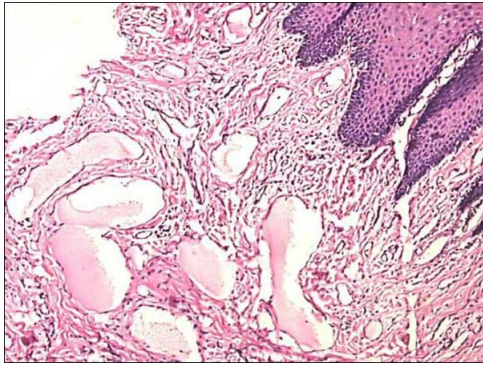


Fig 9: Photomicrograph of incisional biopsy

Fig 10: Photomicrograph of excisional biopsy

Conclusions

Discussion and Conclusion: This is a rare case of cystic hygroma in an adult causing serious psychologic deformity and disturbed physiologic functioning of the oral cavity and stomatognathic system. If ignored, it could cause serious complication. Therefore it is recommended that an early intervention is required to reassure the patient and prevent fatal complications.

Abbreviations

OPG - Orthopantogram

This Poster was submitted by Dr. Shilpa Busnur Jayadevappa.

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CYSTIC HYGROMA IN AN ADULT

CASE REPORT

INTRODUCTION

Cystic hygroma is known as cystic lymphangioma which is a benign hamartomatous hyperplasia of lymphatic vessels. This tumour is thought to be developmental malformation of vessels which have poor communication with the normal lymph system. Most of the cases of cystic hygroma present before age of 1-2 years. Only some cases of cystic hygroma present in childhood that enlarged in adulthood. The head and neck are the commonest site of occurrence. Majority of this located in posterior triangle of the neck. They may extend into oral tissue and orofacial spaces. They may associated with macroglossia, mandibular prognathism, asymmetry of the face. They may cause respiratory embarrassment and dysphagia. The recurrence for suprahoid cases has been being reported in as many as 80% of patients. Ideal treatment for cystic hygroma is complete surgical excision of the tumour.

CASE HISTORY

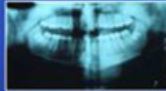
Eighteen year old male patient complained of swelling in the lower third of face since birth with the history of surgery when patient was 1 year old. Swelling has recurred and gradually increased to present size. Pus discharge followed by blood discharge since one month.



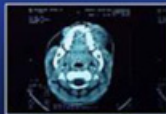
10 years back



EXTRA ORAL



OPG



AXIAL SECTION



INCISIONAL BIOPSY



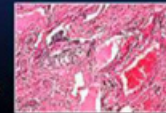
INTRA ORAL



LATERAL SKULL



CORONAL SECTION



EXCISIONAL BIOPSY

EXTRA ORAL : Solitary swelling measuring 12x8 cms crossing the midline. Multiple sinus opening seen in chin region. On palpation it was lobular, soft to firm consistency, freely movable and fluctuant.

INTRA ORAL : Swelling extends from angle of mouth to distal of 37 obliterating the vestibule from 41 to 36. Multiple papular elevation seen on buccal mucosa.

PROVISIONAL DIAGNOSIS : HEMANGIOMA.

DIFFERENTIAL DIAGNOSIS : ○ LYMPHANGIOMA
○ RHABDOMYOMA

INVESTIGATIONS :

- OPG and LATERAL CEPHALOGRAM shows soft tissue shadow with no bony involvement.
- COMPUTED TOMOGRAPHY showed non homogenous mass of tissue density in the buccal aspect with no evidence of bone destruction
- HISTOPATHOLOGY revealed many dilated vascular lymphatic vessels of varying configuration containing RBC's and eosinophilic coagulum.

FINAL DIAGNOSIS : CYSTIC HYGROMA

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