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Case Report

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A masquerading ovarian mass

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Description

A 23 years old lady presented with lower abdominal vague pain and fullness for 6 months. Physical examination revealed a lump in the left lumbar region extending into the pelvis. The upper border was palpable, but the lower limit was not palpable. Computerized tomography of the abdomen revealed a multiloculated cystic lesion with minimal enhancement probably arising from the left adnexa. The right adnexa, uterus, pancreas, spleen appeared normal. Serum tumor markers: CA- 125, alpha-fetoprotein, beta HCG, LDH, and CA-19.9 were within normal limits. Diagnosis of left adnexal complex cystic was made and planned for Fertility preserving staging laparotomy. Intraoperatively, bilateral adnexa and uterus were normal. A large soft multicystic lesion measuring 15 x 10 x 7 cm was noted arising from the tail of the pancreas (Figure 1). No other lesions were noted in the peritoneal cavity. Distal pancreatectomy with splenectomy was performed to achieve R-0 resection. The post-operative hospital stay was uneventful, and the patient was discharged on POD-5. The final histopathological report revealed a multiloculated cyst showing irregular lymphovascular spaces lined by flattened, bland cells within fibroblastic and collagenous stroma suggestive of consistent with cystic lymphangioma of the pancreas. On follow-up, the patient is doing well after 1 year of the surgical excision.

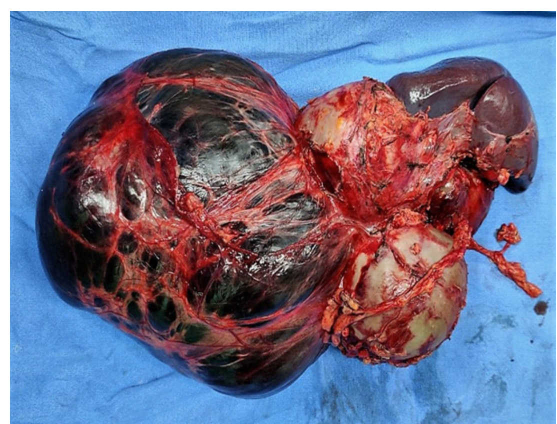

Figure 1: Cystic mass of arising from the tail of pancreas and invading splenic hilum.

Cystic lymphangiomas of the pancreas are very rare, often asymptomatic, and have a female preponderance. The preoperative diagnosis is seldom made and is often diagnosed after the surgery. The imaging findings occasionally reveal a multilocular well-defined cystic lesion with a homogenous composition which shows enhancement post-contrast injection and is well appreciated on CT and MRI. The common differential diagno-

sis includes simple cysts, pseudocysts, serous cysts, Intraductal Mucinous Neoplasm (IPMN), and Mucinous Cystic Neoplasm (MCN). Although considered benign neoplasms, a few of them may be locally invasive; thus, the treatment of choice for these lesions remains complete surgical excision. Following a complete excision, the prognosis is excellent, with a very low incidence of recurrence.