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Case Report

Cystic hygroma of breast in a child.

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Abstract

Cystic hygroma of the breast is an extremely rare benign tumor. Cystic hygroma also known as cystic lymphangioma is a congenital malformation of the lymphatic system. It is due to failure of primary lymphatic spaces to connect with the venous system. More than 50% of these lesions are present at birth. 90% are diagnosed by the age of 2 year. They are mostly located in the neck region and the axilla. Complete excision is the treatment of choice but other treatments such as sclerotherapy, radiotherapy are ineffective. Here we report a case of 14 months old female child with cystic hygroma of left breast.

Key words : Cystic hygroma, Breast, Child.

Introduction

Cystic hygroma is a fluid filled sac that results from a blockage in the lymphatic system. It consists of single or multilocular cysts within the soft tissues. It is most commonly (>90%) located in the posterior triangle of neck or head area and axilla but can be located anywhere in the body.[1] It may be discovered in a fetus during pregnancy ultrasound or it may be apparent at birth as a soft bulge under the skin. In some cases it is not discover until a person is older.[2] Cystic hygroma that develops after birth may not be noticeable when the baby is born. They can become visible as they grow larger and the child gets older and usually appear by the time the child is 2 yrs old. Cystic hygroma typically grows as the child grows and may become apparent after a sudden increase in size due to infection or bleeding within the cyst.[3] Complete excision is the treatment of choice. Cystic hygroma of the breast is quiet rare with only a few cases being reported in the literature. We report a case of gradually enlarging painless cystic left breast swelling of 14 months old female child which was identified sonographically and histopathologically as a breast cystic hygroma and treated by complete surgical excision.

Case Report

A female child of 14 month age came to my chamber with the complain of gradual enlargement of left breast with normal right breast. The enlargements first noticed at the age of 4 months and then gradually increase in size. On palpation the entire breast consist of soft cystic swelling with prominent in upper and lateral part. Breast tissue can be palpated below the nipple but boundaries between cystic mass and breast tissue are not clear. No complain of pain or tenderness. She takes Homeo medicine but there was no improvement. There was no axillary lymphadenopathy. On ultrasonography report the parenchyma is scanty and replaced by intercommunicating cystic areas suggestive of cystic hygroma. Doppler study showing no abnormal vascularity. Suggestive of cystic hygroma. Blood count shows total numbers of WBC are 9500/cmm. Differencial count of WBC within normal limit. Hb% is 10.5 g/dl. Blood group O +ve. Bleeting Time- 2min 24 sec and Clotting Time -5 min 57 sec. FNAC shows features compatible with cystic lymphangioma. The patient came to me for operative treatment and we do operation under general anaesthesia and complete excision is done during operation. Per operative and post operative period was unevenful. Tissue send for histopathological examination and report was cystic hygroma.The patient come for follow up at 2 weeks, 6 weeks and 3 months post operatively and she was alright with no complains.

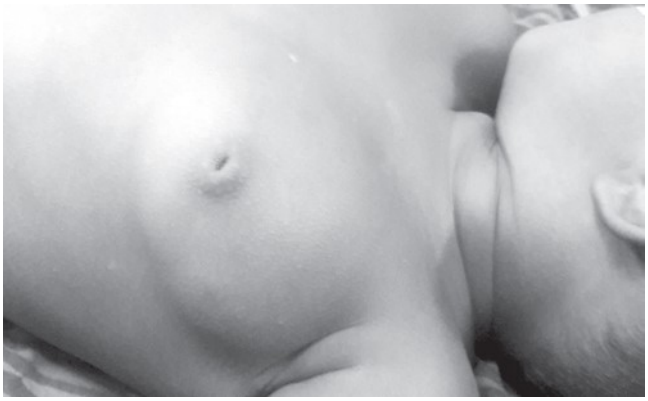

Fig:I- Shows cystic hygroma of left breast

Discussion

Cystic hygroma are slow growing benign tumours resulting from a developmental anomaly of the lymphatic system. They can occur in any part of the body which is drained by lymphatics but are more likely occur in neck, head and axilla.[4] Lymphangioma have been classified into simple lymphangioma, cavernous lymphangioma and cystic lymphangioma. Cystic lymphangioma is characterized by large cyst like spaces filled with clear lymph fluid lined by endotheal cells and separated by scanty septal connective tissue which ofen contains lymphoid aggregates.[5]

The aetiology of cystic hygroma is not clear. Both environmental and genetic factors can contribute to the formation of cystic hygroma.Viral infection, drugs and alcohol use in pregnancy may cause cystic hygroma. Cystic hygroma of breast is quite rare with only a few cases being reported in the literature. Symptoms can very depending on its size and specific location and it can potentially cause problems with nearby structures[6] as well as disfigurement of affected areas. In the neck if it is large it may affect child's breathing and ability to swallow. The overlying skin may have a bluish tint.

Mammary cystic hygroma should be differentiated from other cystic lesions of the breast such as simple cysts, post surgical seroma, hematoma, lymphocele, abscess and haemangioma. Treatment options for a cystic hygroma depend on size, location and symptoms present. Options include surgery, sclerotheraphy, laser theraphy, radiofrequency ablations. In rare cases a cystic hygroma will shrink or go away without treatment. Surgery is the treatment of choice. The entire growth must be removed to prevent its recurrence. If residual tissue is left behind the recurrence rate is approximately 15 %.[3] In a review by Alqahtani et al recurrence rate in paediatric age group is 17% after macroscopic total excision.[7] Other treatment options like sclerosants injection, laser therapy, irradiation have been tried but were much less effective. Injection of OK-432 or bleomycin[8] causes some decrease in size thus making it more amenable to surgical excision.

Conclusion

Cystic hygroma should be considered as one of the possible causes of mammary cystic lesions. Complete surgical excision constitutes the best treatment modalities but this demands early recognition for better outcomes.

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