

## Pancreatic cystic lymphangioma diagnosed with endoscopic ultrasonographic-fine needle aspiration ; a rare mesenchymal tumor

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### To the Editor,

Cystic lymphangioma is the benign proliferation of lymphatic vessels due to lymphatic system obstruction forming cysts filled with fluid. It is mostly seen in neonatal and early childhood period, and rarely in adults. Major localisations of occurrence are cervical and axillary regions where it can be rarely seen in soft tissues abdominal region (1). Cystic lymphangioma of the pancreas is a very rare benign neoplastic lesion counting for less than 1% of all lymphangiomas and around 0.2% of all pancreatic tumors (2). Traditional radiological techniques are mostly insufficient for the evaluation of pancreatic cystic lesions. Therefore, the histopathological diagnosis of pancreatic cystic lymphangiomas used to be established by classical surgical incision in the past (3). Endoscopic ultrasound (EUS) has been shown to be an effective technique providing high definition images of the pancreas. Cases of pancreatic cystic lymphangioma diagnosed with EUS guided fine needle aspiration (EUS-FNA) have recently been reported (2-5). We present a case of pancreatic cystic lymphangioma diagnosed with EUS-FNA in this report.

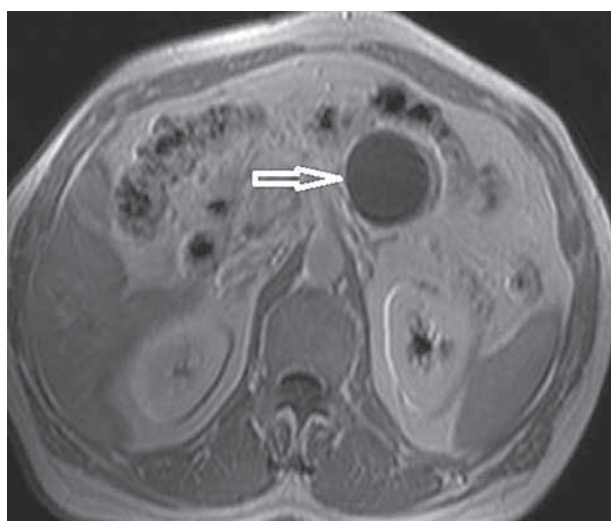


Fig. 1. — Cystic lymphangioma located at the junction of te tail and the body of the pancreas on magnetic resonance imaging ; T1-weighted imaging, hypointense on axial section.



Fig. 2. — Cystic lymphangioma located at the junction of te tail and the body of the pancreas on magnetic resonance imaging ; T2-weighted coronal section hyperintense.

A 56-year-old male patient who had incidentally been diagnosed to have a cystic lesion in the pancreas was referred to our clinic. The patient had no history of chronic disease and he was asymptomatic. A cystic lesion with dimensions of 48 × 46 × 60 mm in the body-tail portion of the pancreas was observed on transabdominal ultrasound examination. This lesion was observed to be hypointense in T1-weighted images (Fig. 1) and hyperintense in T2-weighted (Fig. 2) images on magnetic resonance imaging. An anechoic cystic formation with thin regular wall was observed on EUS examination (Fig. 3). Twenty-five cc of chylous fluid was aspirated with 19-gauge needle guided by EUS. A large number of small lymphocytes were observed in the cytological

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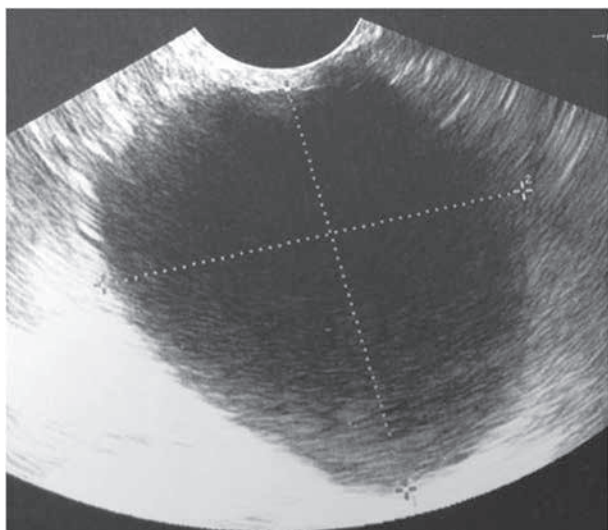


Fig. 3. — Anechoic cystic formation with thin regular walls with dimensions of 44 × 53 mm located at the body-tail area on endoscopic ultrasonography.

examination (Fig. 4). Amylase level was 33 U/L, lipase was 77 U/L, carcino-embryogenic antigen level was 2 ng/ml, CA-19-9 was 3.2 U/ml and triglyceride was 6764 mg/dl in the biochemical analysis of the aspirated fluid. These findings were suggestive that the cystic lesion was of lymphatic character. As the patient was asymptomatic, according to laboratory, radiological and histological findings clinical follow up was planned for the patient.

EUS has become prominent as a very useful technique for the diagnosis and treatment of cystic lesions of the pancreas. Analysis of the cystic fluid obtained with EUS-FNA in suitable cases increases the importance of EUS (6). The role of EUS-FNA in the evaluation of rare cystic lesions such as pancreatic cystic lymphangiomas has not been well-known recently. Our case and other similar cases reported recently, show that EUS-FNA is useful for the evaluation of these rare lesions (2-5). Fluid analysis may not provide a definitive diagnosis as most of the pancreatic cystic lymphangiomas contain serous fluid. High level of triglycerides and the macroscopically chylous appearance of the fluid makes the diagnosis of pancreatic cystic lymphangioma easier, as in our case. Pancreatic cystic lymphangiomas are not considered to be premalignant lesions. Therefore, follow-up with clinical and imaging modalities seems to be an appropriate

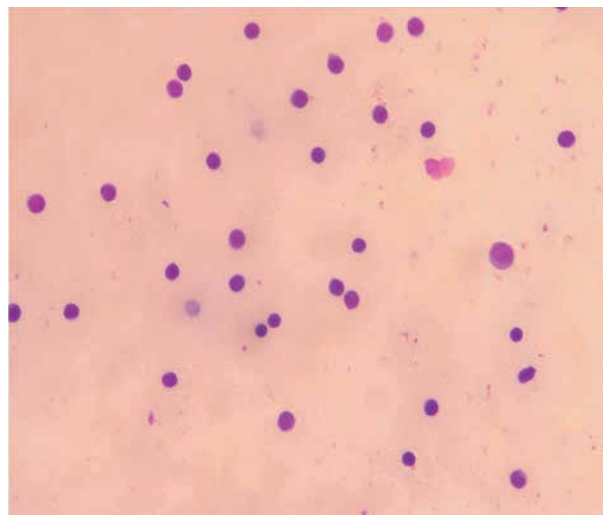


Fig. 4. — Aspirate shows small lymphocytes (May-Grünwald-Giemsa stain).

approach especially for asymptomatic patients (2,3,5). In conclusion, it should be kept in mind that pancreatic lymphangioma should be considered in the differential diagnosis of pancreatic cysts, even though they generally look like simple cysts, pseudocysts, cystadenomas and cystadenocarcinomas and EUS-FNA is a very effective diagnostic method.

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