Giant Pancreatic Lymphangioma Herniating Above The Diaphragm

Creighton
UNIVERSITY
Arizona Health
Education Alliance

Suhail Zeineddin, MD, MS; **Winnie A Feng, DO**; Maurica Mazraani, MD; Paul Reyes Del Prado, MD Department of Surgery, Creighton University Arizona Health Education Alliance, Phoenix AZ

INTRODUCTION

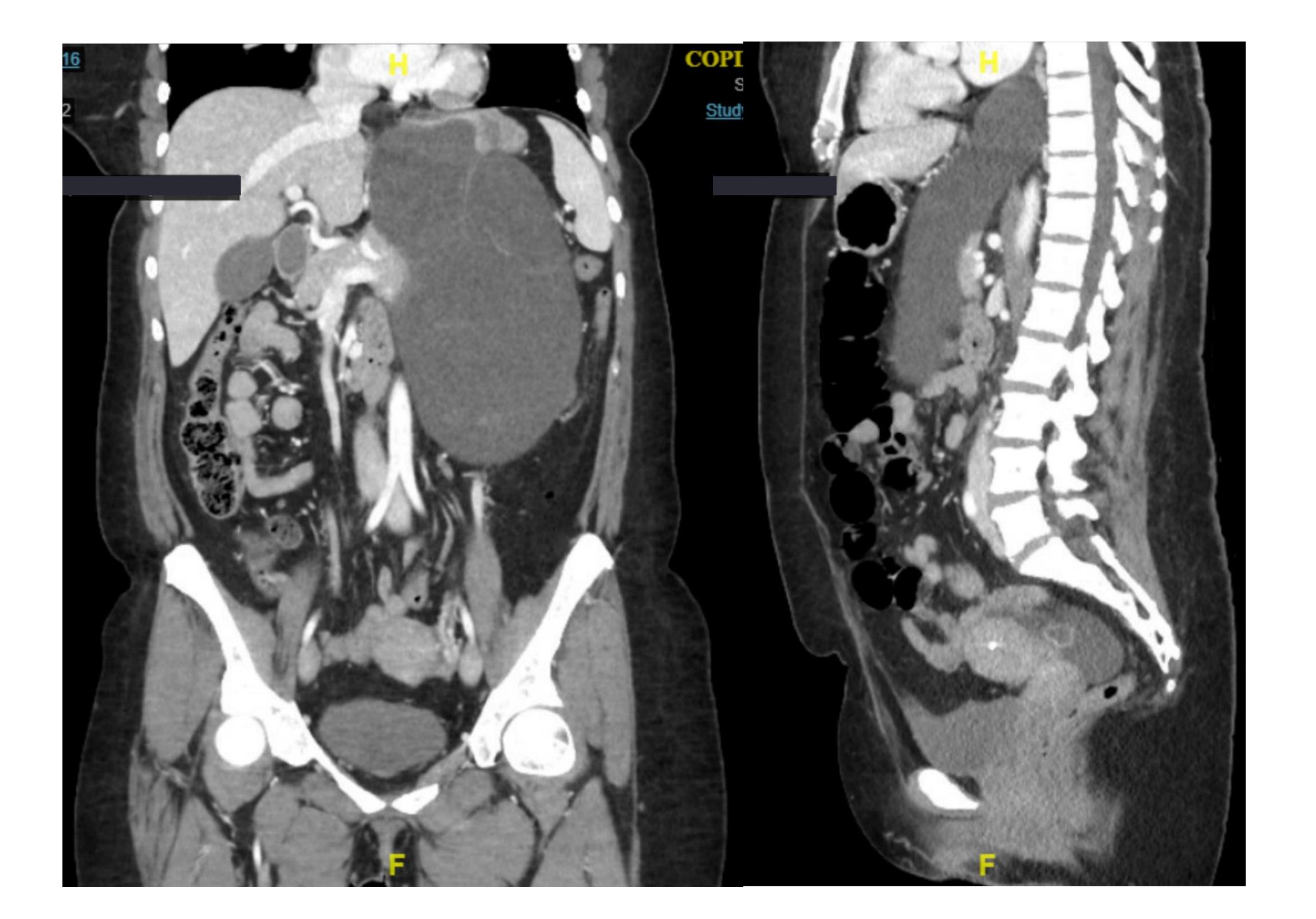
- Lymphangiomas of pancreatic origin are uncommon and often do not require resection.
- Many of these tumors are found incidentally, but some present with abdominal symptoms.
- Here, we report a case of a pancreatic lymphangioma that herniated through the esophageal hiatus.

Patient Presentation and Initial Work up

- A 46-year-old female presented to our emergency department with one day of exquisite epigastric pain and vomiting with a recent history of chills, night sweats, and twenty-pound weight loss in the last three months.
- Her bloodwork was significant for leukocytosis.
- Abdominopelvic CT showed a septated cystic mass of the distal pancreas with a small enhancing nodule measuring 10.6x11.4x25.4cm.
- The mass extended superiorly into the mediastinum via a hiatal hernia.
- Gastroenterology was consulted and performed an EGD with endoscopic ultrasonography (EUS).
- On EUS, the mass could be seen abutting and surrounding the esophagus without invasion into the esophagus or stomach.

Operative and Postoperative Course

- Given the extent of the mass and her acute presentation, she was taken to the operating room for an exploratory laparotomy with retroperitoneal mass excision, distal pancreatectomy, splenectomy, and hiatal hernia repair with Dor fundoplication.
- She received the standard post-splenectomy vaccinations and after tolerating a pureed diet, she was discharged on postoperative day 3.



Pathology and Follow up

- The pathology report showed a cystic lymphangioma encasing the distal pancreas, measuring 15.0 x 14.5 x 7.5 centimeters.
- The size and volume of the specimen was likely decreased due to entry into the cyst during the case.
- Histologic analysis revealed that the stains for SMA, CD31, and D2-40 were positive.
- Immunohistochemical stains for keratin, calretinin, HMB45, and CD117 were all negative.
- She has since followed up in our clinic, tolerating a regular diet and with no further episodes of abdominal pain.

DISCUSSION

- This illustrates the first case, to our knowledge, of pancreatic lymphangioma extending beyond the abdominal cavity.
- These tumors can grow significantly in size and even herniate through available defects.
- It is important to recognize that this can affect the clinical presentation and approach to surgical resection.

