CASE REPORTS

LYMPHANGIOMA CIRCUMSCRIPTUM OF SCROTUM OF LATE ONSET

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Lymphangioma circumscriptum is the commonest type of lymphangioma which is characterised by small, grouped vesicles resembling frog spawn. An interesting case of thin walled lymphangioma circumscriptum is reported which started at a late age of 45 years and limited to scrotum in a 70- year- old man.

Key words : Lymphangioma circumscriptum, Scrotum

Introduction

Lymphangioma circumscriptum is the commonest type of lymphangioma, the aetiology of which is poorly understood. The lesions are usually noted at birth or appear during childhood. The commonest sites are axillary folds, shoulders, neck, proximal parts of the limbs, perineum, tongue and buccal mucous membrane. It is characterised by small grouped vesicles resembling frog spawn. The condition was first described by Fox and Fox in 1878. Malcolm Morris coined the term "lymphangioma circumscriptum" in 1889. We report a case of late onset lymphangioma circumscriptum occurring on scrotum, a rare site

Case Report

A 70- year - old man presented with complaints of fluid filled lesions on scrotum for the last 25 years. The lesions started as asymptomatic vesicles which had progressed very slowly over the years. During the last 6 months there was gradual increase in number and size of the lesions with spontaneous rupture of some vesicles dripping and staining his undergarments. He gave history of application of various topical preparations without any relief . He had not undergone any previous surgery or radiotherapy. There was no history suggestive of filariasis. General physical examination revealed no abnormalities. On local examination, entire scrotum was found to be studded with vesicles of variable size ranging from 1mm to 5mm in diameter (Fig.1). On rupturing, the vesicle exuded clear as well as milky - white fluid . There was no associated lym-

Fig. 1. Entire scrotum is studded with vesicles of variable size

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phadenopathy or lymphoedema. Histopathology of the lesion showed cystically dilated lymphatics in the dermis particularly in the papillary dermis. The overlying epidermis revealed hyperkeratosis, acanthosis and elongation of rete ridges (Fig.2).

Fig. 2. Histopathology of the lesion showing cystically dilated lymphatics in the papillary dermis

Discussion

Peachy et al[1] divided lymphangioma into 2 main groups ; classic and localised. Classic lymphangioma circumscriptum is usually present at birth or appears soon afterward. It is greater than 1cm^2 and seen particularly over proximal parts of the limbs and adjacent limb girdles. Localised lymphangioma circumscriptum on the other hand, may become apparent at any age, involves an area 1cm^2 or less, has no definite area of predilection and is usually asymptomatic. This patient could not be classified into either of the above two categories. The lesion first appeared at 45 years of age and was more than 1cm^2 in diameter. It was symptomatic with spontaneous rupture of some of the vesicles.

Lymphatic obstruction has been suggested as a possible cause in some cases. Several reports document the occurrence of late onset lymphangioma circumscriptum (LC) in the setting of lymphatic obstruction[2].

This patient had no apparent associated lymphatic abnormalities. Varied clinical presentations of LC are known to occur. Cases of LC occurring on the vulva have been reported,[3] but cases of LC on scrotum have rarely been reported. [4] Lymphangioma in these cases developed following filariasis, surgery or radiation therapy. Our case had lesions only on scrotum unassociated with any such history.

Treatment of LC has included a number of different modalities like surgical excision, superficial X-ray, CO_2 laser vaporisation, flash lamp pulsed dye laser, suction - assisted lipectomy. Whimster[5] demonstrated that excision of skin vesicles without excising the subcutaneous feeding cisterns did not produce a cure (the recurrence rate is cited as 15%). We decided to leave lesions as such because of age factor and site of lesion.

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