OMENTAL LEIOMYOMA AND LYPHANGIOMA CASE REPORT.

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ABSTRACT

Mixed type of omental leiomyoma and lymphangioma are rare benign solid tumor. We reported ultrasound and CT findings of large omental leiomyoma and lymphangioma in a 24 years old female, who presented with abdominal distention and feeling of fullness in the abdomen. Complete surgical removal was performed and the pathologic result verified the roentgen diagnosis.

INTRODUCTION

Omental solid tumor is a rare tumor. Most common presentation is distended abdomen, palpable abdominal mass, or feeling of fullness. We reported sonographic and CT findings of a case of a large omental leiomyoma and lymphangioma in a 24 yrs old female patient. Surgical removal of the tumor mass was performed and the pathologic result confirmed the roentgen the diagnosis.

CASE REPORT

A 24 yrs old female presented with some abdominal discomfort and feeling of gradual distention during the last 2 years. Physical examination reveals abdominal distention with a huge mass occupying from the upper to the middle part of the abdomen, left side. (figure 1)

Ultrasound reveals a large well defined border, inhomogeneous intermediate echoic mass occupying the left half of the abdomen. (figure 2)

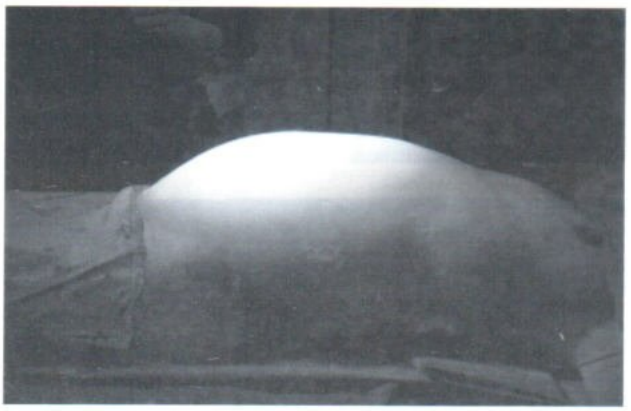

Fig. 1 Photograph shows distended abdomen

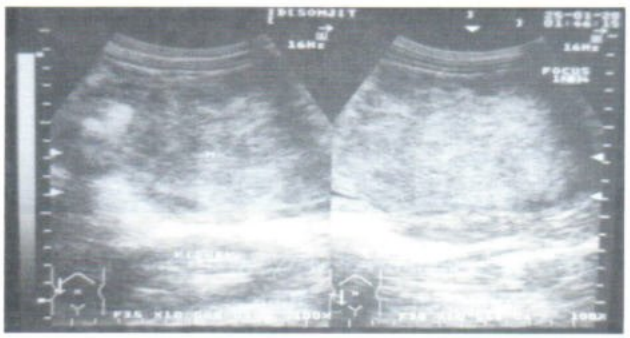

Fig. 2 US reveals large well defined border, inhomogenous, intermediate echoic solid mass at left side of upper abdomen, not connected to the uterus.

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Computed Tomography (CT) showed a large well defined border, inhomogeneous mixed attenuated solid mass with minimal enhancement, about 24x15 cm in size, occupying the left side of abdominal cavity (figure 3) Multiple small tubular enhancement structures and small cystic lesions abuted the anterior surface at the upper pole of the mass were noted. The loops of small bowel were displaced to the right, laterally. The stomach and spleen were also displaced up ward and laterally. The abnormal solid mass was not attached to the ovary or uterus. No ascites or definite enlarged abdominal nodes, were noted.

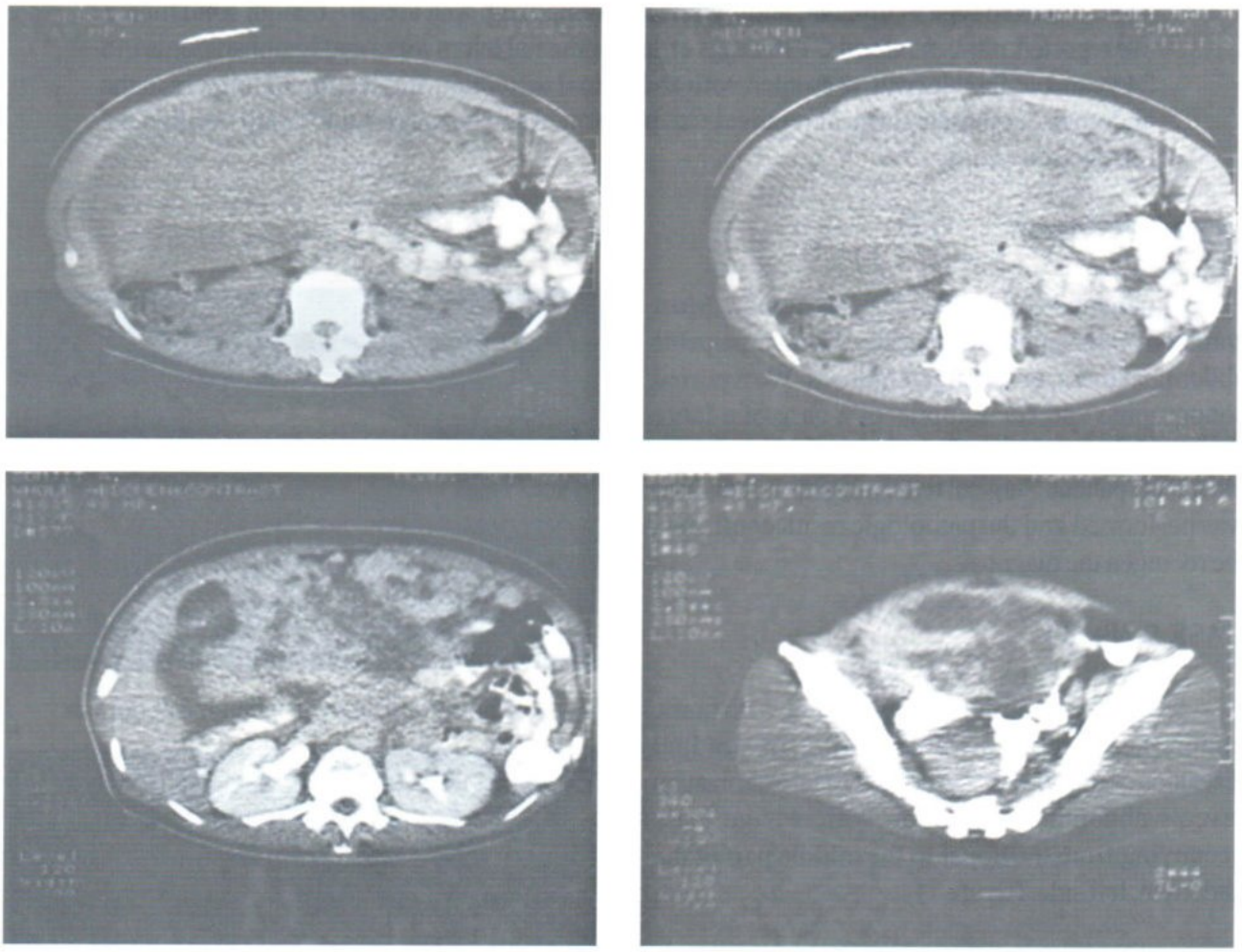


Fig. 3 CT scan showed a large, well defined border, inhomogeneous mixed attenuated solid mass with minimally enhancement, not attatched to the uterus. Multiple small enhancement tortuous tubular structures and small cystic lesions at the anterior surface of mass, were noted.

On operation, finding showed a large well defined encapsulated solid mass occupying in the upper part of the left side of the abdominal cavity, occupying the whole part of greater omentum. The loops of small bowel were displaced to the right side of abdomen. Multiple tortuous dilated veins and lymphaedena were seen, at the anterior surface of the upper part of mass. (figure 4) Complete tumor removal with intact capsule was performed. (figure 5)

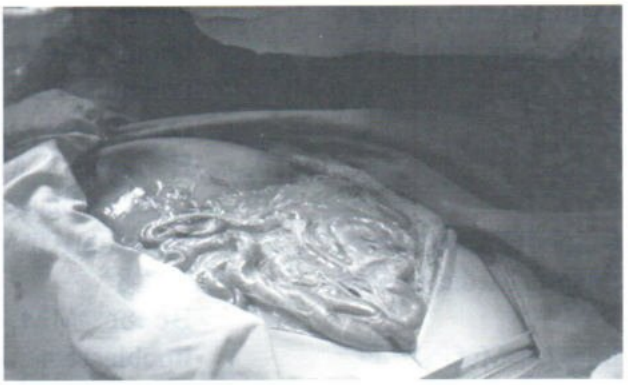
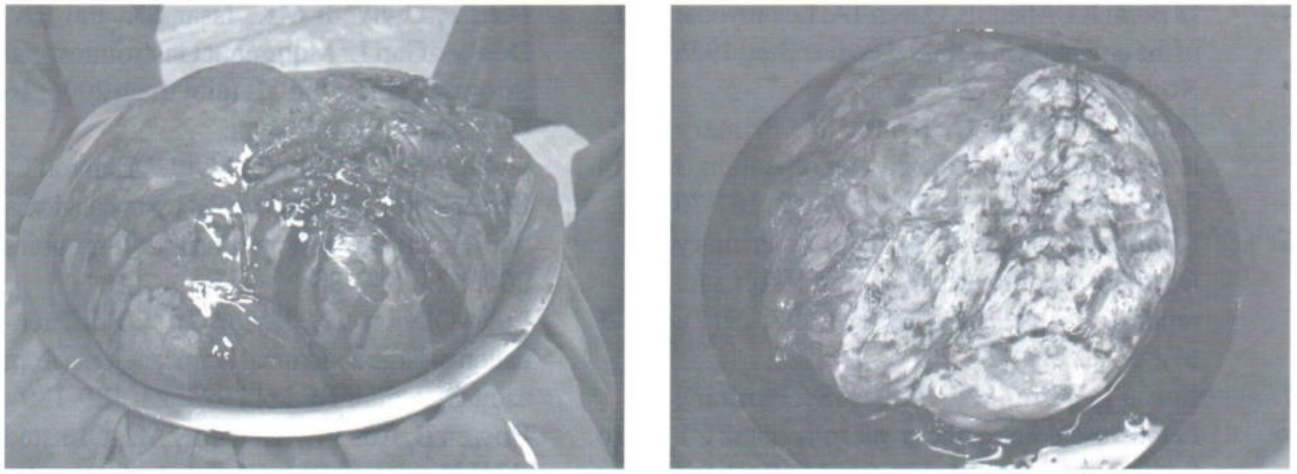


Fig. 4 At the operative field, multiple tortuous dilated veins and lymphaedema were seen at the surface of the abdominal mass.



A B

Fig. 5 Large well defined encapsulated tumor mass, about 30x30 cm in size (A) was removed. Cut surface of the tumor mass (B)

DISCUSSION

Solid omental mass is rare, particulary leiomyoma which is about 15 % of all primary omental tumor.[1-3] Leiomyoma is a benign tumor of smooth muscle and lymphangioma is the rare benign tumor of lymphatic duct.[1-4,14-16] Althrough the greater omentum is mainly composed of adipose tissue, vascular and lymphatic, the omental tumor predominately consisted of smooth muscle tissue that possibly arise from smooth muscle of small blood vessels.[1-4]

The most common malignant tumors are leiomyosarcoma, hemangiopericytoma and fibrosarcoma.[1-16] The most common benign tumors included gastrointestinal stromal tumors[13] which have malignant potential, dependent on tumor size, mitotic activity and invasive growth are leiomyomas, lipomas and fibromas.[1,2,4]

The informative findings of the investigation such as ultrasound, CT scan, MRI or tumor markers should be helpful for therapeutic planning.[7,16] The benign conditions will be cured by surgery, but the

malignant conditions, combined treatment by surgery, chemotherapy and/or radiotherapy, should be considered.

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