

CLINICAL IMAGE

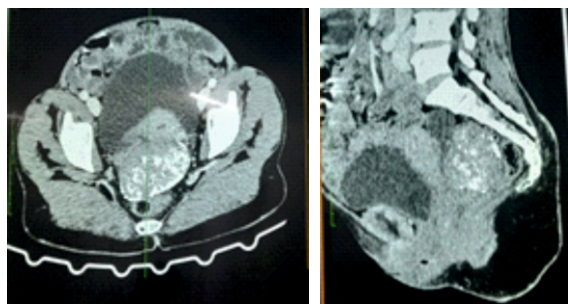
Ovarian Lymphangioma-A rarest of rare cases

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CASE PRESENTATION

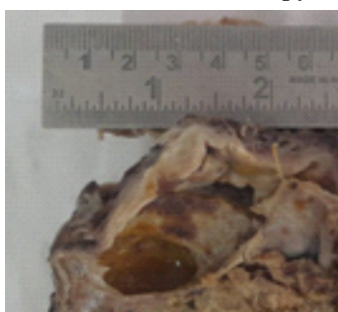
A 49-year-old postmenopausal female with no underlying comorbidity presented with lower abdominal pain for a month. Tumour markers were within the normal range, with CA125 being 17.2U/ml.



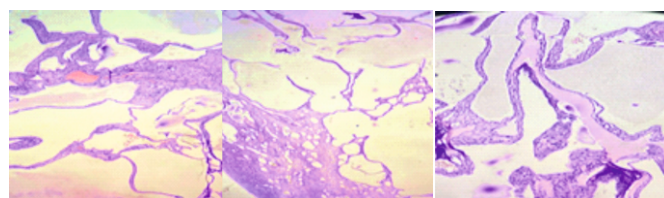
CT scan was suggestive of a solid cystic, well-defined, well-margined mass lesion seen arising from the right adnexa and extending into the pouch of Douglas, measuring 81x51mm.

Staging Laparotomy (TAH+BSO+ omentectomy+ peritoneal biopsy) was done.

Gross Examination and Microscopy:

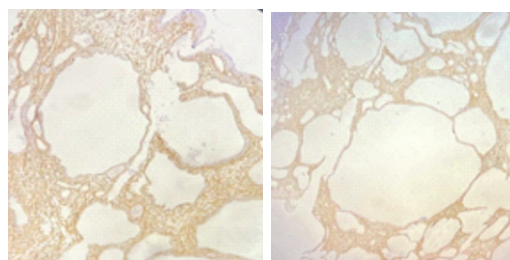


The specimen was intact with a right adnexal cystic mass measuring 6x3x1.5cm. On cut section, the mass was multicystic with cysts ranging in size from 0.1 to 3cm, having a maximum wall thickness of 1mm and filled with clear to yellow colored fluid.



On microscopy right ovary showed dilated cystic spaces within the stroma lined by flattened endothelial cells containing lymphocytes and pale eosinophilic material (lymph) in the lumen. Additionally, lymphocytic aggregates were also found in the stroma. These findings were suggestive of a Lymphangioma. (H&E 10X)

IHC:



Cd34 positive in endothelial cell lining the cysts (DAB 10X)

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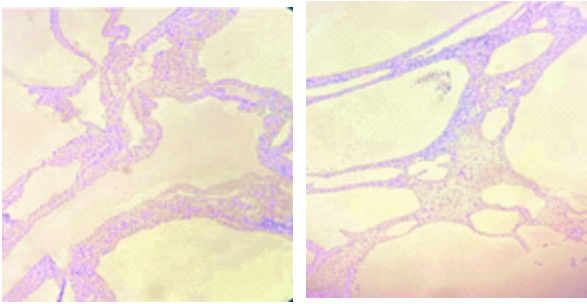
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PAX8 negative in the endothelial cells.(20x)

FINAL DIAGNOSIS: Lymphangioma Ovary

Conflict of Interest: None

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Written informed Consent: Taken