

Vulval Lymphangioma Circumscriptum— Rare Case Report

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Abstract: *Lymphangioma circumscriptum is the benign dilation of lymphatic channels localized to the skin and subcutaneous tissues. It is generally seen in proximal regions of arms and legs, groin, axilla, and trunk and mouth. Vulvar involvement is very rare. Here, is an uncommon case of lymphangioma circumscriptum in a 60-year-old female patient with vulvar lymphangioma circumscriptum.*

Keywords: lymphangioma circumscriptum, vulva, lymphatics, labia majora, pseudovesicles

1. Case Report

A 60-year-old female patient presented to our outpatient clinic for her complaints of itchy raised lesions since 30 years. She was not sexually active and had attained menopause 15 years back. She had visited several local healers but had not obtained any relief. Dermatologic examination revealed multiple pseudovesicular lesions which were a few mm in size over the vulva. The surrounding area was hyperpigmented and hypertrophied.

Cervix was healthy. Most of the lesions were localized to the labia majora and some of the lesions had serous fluid.

No history of injury or previous lesions in the area or any other area of the body. All the other routine examinations including VDRL test produced normal or negative results. Histopathology of the lesions suggested lymphangioma. The patient was explained about the condition and suggested surgical excision which she refused.



2. Discussion

Primary lymphangioma stems from local malformations of lymphatics and manifests early in whereas acquired lymphangioma develops secondary to chronic obstruction of lymphatics and can manifest itself at any age [2].

Primary vulvar involvement of lymphangioma circumscriptum is very rare. This appearance may mimic vulvar tumors [3]. Secondary lymphangioma is usually secondary to chronic lymphatic obstruction. Acquired lymphangioma can occur on the vulva as a complication of surgery, radiation therapy, infection (erysipelas, tuberculosis, etc) or Crohn's disease. Pelvic radiation exposure and Crohn's disease have been proved to be secondary causes of lymphangioma circumscriptum. [5].

The traditional treatment of LC—that is, surgical removal—is usually not successful due to rapid relapses and should be considered after treatment failures [8]. Vaporization with a

CO2 laser is a recent recommendation and is said to provide better cosmetic results. [9].

Detailed dermatologic and histopathologic examinations should be performed on patients presenting with vulvar papular lesions. Deep lymphatic ducts should be eradicated in order to avoid recurrences.

Differential diagnosis are genital warts, tuberculosis verrucosa cutis and LGV.

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