



HAEMANGIOMAS AND VASCULAR MALFORMATIONS

## **LIPECTOMY FOR SYMPTOMATIC RELIEF OF LYMPHANGIOMA CIRCUMSCRIPTUM**

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**Background:** Lymphangioma circumscriptum is congenital lymphatic malformations, with connections to internal lymphatics causing constant oozing of fluid and blood stains that hamper quality of life. Treatment is distressing due to high recurrence. Lipectomy is minimally invasive procedure to disconnect dermal and subcutaneous lymphatics from internal lymphatics, hence eliminating oozing from lesions.

**Case reports:** We report two cases of lymphangioma with dermoscopy and histology to confirm the diagnosis, and Magnetic Resonance Image (MRI) to delineate depth of involvement.

First case, a 19 year girl with localized lymphangioma on paramedian lumbar area since childhood, underwent lipectomy after MRI showed superficial lesion. There is no oozing and blood stains since last 1.5 years. Ablative treatments were not done as patient was satisfied with results.

Second case, a 20 year girl had extensive lesions, verrucous growths and clear vesicles on right upper back, axilla, lateral chest and right arm. MRI showed deeper extensions into muscles and fascia. Due to history of prior failed CO<sub>2</sub> ablation, we did lipectomy in area of verrucous growth. After 4 weeks, CO<sub>2</sub> ablation of verrucous mass was done successfully without continuous oozing unlike her previous procedure. Patient had no recurrence for 6 months but new lesions have appeared, probably due to extensive involvement.

**Conclusion:** Lipectomy provides tremendous relief in patients with lymphangioma, especially in localized cases. Lipectomy also facilitates in ablative procedures when required. It is apt to assess depth and extent of involvement with MRI to prevent incomplete treatment.

