

Prenatal ultrasound detection of fetal axillary lymphangioma and long term follow up

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Objective

To determine prenatal ultrasound detection of fetal axillary lymphangioma and long term follow up.

Methods

Prenatal ultrasound controls and review of literature.

Results

A 36 year old primigravida with a history of congenital coarctation of the aorta requiring surgery and a bicuspid aortic valve with mild insufficiency, was seen in our centre with a normal first and second trimester ultrasound scan. At 24⁺³ weeks' gestation, a multiloculated avascular cystic honeycombed mass measuring 29x16 mm was seen in the left axillary region. It was diagnosed as a fetal axillary lymphangioma. One month later the mass had almost doubled in size occupying the superior part of the thorax and the axilla, reaching the elbow. Magnetic resonance imaging confirmed the diagnosis. A male infant weighing 3645g was born by spontaneous vaginal delivery. Postnatal ultrasound of the mass confirmed that the mass occupied the antero-superior thoracic wall, the axilla and the arm. At 3 months of age, the baby had an episode of axillary lymphangitis requiring intravenous antibiotics. At the 11 months of age the mass was surgically removed. 12 months later (2 years of age) he required further treatment due to a post-operative residual lymphatic malformation with the presence of vesicles and occasional lymphoexudate. Ultrasound serial images and external appearance are available for review.

Conclusion

Prenatal ultrasound detection of fetal axillary lymphangioma can be difficult. It has a good prognosis but some complications may occur.

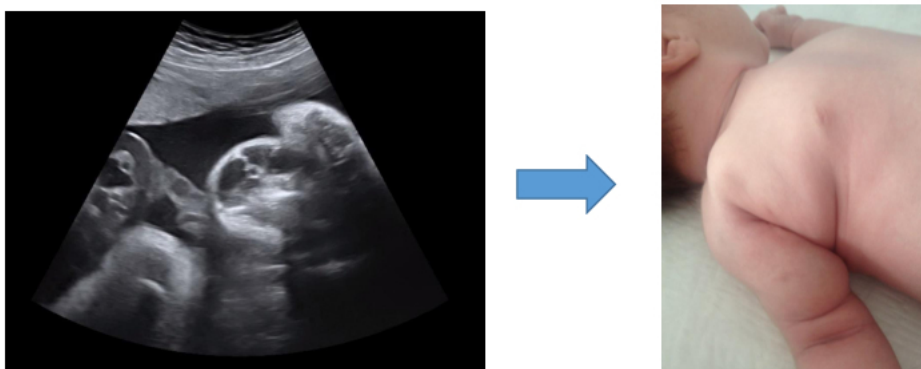


Figure 1. Ultrasound in which a multilocular avascular septated cystic honeycombed mass is seen in the right axillary-root of the arm region (left image). Newborn baby with the thickening in the inner side of the right arm and the axilla (right image).