

## A case of lymphangioma of the fetal face

Curcio P, Maggio L, Tardino S  
PRIVATE CLINIC, PALERMO, Italy

### Objective

Fetal lymphangiomas are rare tumors of the lymphatic system which may infiltrate surrounding structures. Although prognosis is usually favourable, location and dimensions of the mass have strong impact on the neonatal outcome. The general consensus is that they occur as a result of failure in lymphatic drainage. More often cervical (75%) and more rarely axillary areas (20%) are involved, but other locations (chest wall, lingual, retroperitoneum, etc) have been described in the literature. We hereby describe an unusual case of facial lymphangioma diagnosed prenatally. About 50% of lymphangiomas are present at birth and up to 90% become visible by the first years of life.

### Methods

A 32-year old woman, gravida 1 presented at 21<sup>+0</sup> weeks of gestation for a routine anomaly scan. Ultrasound demonstrated a singleton fetus in breech presentation with biometry consistent with the gestational age. The scan also revealed a single umbilical artery and a small ventricular septal defect. A detailed evaluation of the face showed a multicystic mass in the right zygomatic area. The mass was 1 cm in diameter. It had mixed, solid and anechoic components and thick, avascular septations. The mass had well defined margins with no evidence of infiltration of the surrounding tissues. Anatomy of the head-face-neck district was otherwise normal. (video1-Fig 1). Karyotyping and MRI were offered but declined by the parents. Repeat ultrasound at 24 weeks revealed that the mass had slightly grown with an increase in the solid component. By the end of pregnancy the mass was exclusively solid with no detectable margins. (video 2). The mass was prenatally suspected to be a lymphangioma although the presence of the solid component is unusual. The couple was counselled by a multidisciplinary team.

### Results

MRI performed after birth confirmed the diagnosis of a facial lymphangioma of the fat pad of the cheek (Fig.2). Follow-up of the infant up to the current age of 3 years did not disclose any complications (Fig 3). The mass is stable in size. It is covered by normal skin and it creates a slight facial asymmetry of the cheek. Since the aesthetic defect is very limited, no surgical excision or intralesional drug injection has been recommended.

### Conclusion

Facial lymphangioma are rare defects. A few cases, diagnosed prenatally, are reported in the literature. On ultrasound they usually appear as a multicystic, hypoechoic, multiseptated mass. Septations of the mass do not predict the prognosis whereas invasion of the neighbouring tissues and rapid growth are considered to be poor prognostic factors. Size and growth can eventually produce compression on fetal organs and vessels, ultimately leading to fetal hydrops. The risk of aneuploidy is thought to be higher for the lymphangioma of the nuchal area. Differential diagnosis should include hemangioma and teratoma. Diagnosis and management are still difficult. Counseling can be problematic. In our case, the presence of a stable mass with no involvement of the vital organs, has positively affected the neonatal outcome.

