



**LYMPHANGIECTASES OF SCROTUM – A RARE CASE REPORT**

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<p><b>Article Info</b> Received 15/12/2015 Revised 27/01/2016 Accepted 05/02/2016</p> <p><b>Key words:</b> Lymphangiectases, lymphorrhoea, lymphedema, scarring</p>	<p><b>ABSTRACT</b> Lymphangiectases are superficially dilated lymphatics which may be either primary (congenital) or secondary (acquired) due to injury to deep lymphatics as a result of various scarring processes such as surgery, disease or radiation. Acquired lymphangiectases are most commonly seen in adults. There is no sexual preponderance. Most commonly involved site is genital skin. It clinically presents as translucent, fluid filled vesicles to smooth flesh coloured papules or nodules. We report a case of lymphangiectases of scrotum in a 30 year old male who presented with complaints of multiple clear, fluid filled vesicles in the scrotum for the past 2 years.</p>
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**INTRODUCTION**

The benign proliferations of lymphatic system are known as lymphangioma. This can be either primary which occurs as de novo (common in early childhood) or due to damage to deep lymphatics resulting in impairment of lymphatic drainage surgery, disease or radiation [1-3]. This may be either as translucent, fluid filled vesicles to smooth flesh coloured papules or nodules. These lesions occur either discrete but scattered throughout the lymphedematous area or grouped as in lymphangioma circumscriptum. The vesicles when ruptured results in discharge of clear or milky fluid, lymphorrhoea [4].

**CASE REPORT**

A 30 year old male presented to our skin OPD with complaints of multiple raised skin lesions in scrotum for the past 2 years. History of itching was present. No history of pain or fever. No history of similar lesions elsewhere in the body. He also gave a history of trauma to the pelvis for which he underwent a surgery 2 years back. Dermatological examination revealed multiple vesicles present over scrotum. Mild oozing was noted. A linear scar

of 6 cm was seen in the inguinal region. Systemic examination done was normal. Excision biopsy was done and histopathology examination revealed features suggestive of the clinical diagnosis of lymphangiectasis. All routine investigations done were within normal limits.

**Figure 1. Clinical picture showing multiple vesicles with milky white discharge in the scrotum - Lymphangiectases of scrotum**



## DISCUSSION

Lymphangiectasia (Syn: acquired lymphangioma, benign lymphangiomatous papules) are dilated superficial lymphatics which can be due to primary or due to damage to deep lymphatics resulting in impairment of lymphatic drainage surgery, disease or radiation [5]. It can also be seen to be in association with scarring processes such as radiotherapy, chronic or recurrent infections (tuberculosis-scrofuloderma variant, filariasis, lymphogranuloma venereum, erysipelas), Crohn's disease, repeated trauma, keloid or scleroderma or as consequence of elastin or collagen disorders or malignancy.

The sites involved are intestine, skin, kidneys, lungs and retro-peritoneal. Clinically, presents either as circumscribed groups of tense, thin walled vesicles. The vesicles when ruptured results in discharge of clear or milky fluid, lymphorrhoea. If the lesions are hyperkeratotic, it may resemble viral warts. Complications that can occur are recurrent cellulitis and chronic discharge.

Histopathological examination of Lymphangiectasis shows large dilated lymphatic vessels lined by endothelial cells in the papillary and reticular dermis.

Distinguishable from lymphangioma circumscriptum, in lymphangiectasis there is absence of subcutaneous muscle coated cisterns. The mainstay of treatment lies in reduction of underlying lymphoedema and infection control. Surgical excision is not always possible due larger surface area involvement and frequent relapse. However, repeated sessions sclerotherapy is effective as it results in fibrosis of deep lymphatics. Other palliative measures includes CO2 laser, Er: YAG laser and electrocautery to destroy the lymph blisters.

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### CONFLICT OF INTEREST:

The authors declare that they have no conflict of interest.

### STATEMENT OF HUMAN AND ANIMAL RIGHTS

All procedures performed in human participants were in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This article does not contain any studies with animals performed by any of the authors.

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