

Images in Clinical Practice

Lymphangioma Circumscriptum

A 14-year-old girl presented with diffuse ill-defined swelling studded with multiple, fluid-filled, raised, asymptomatic lesions over the face, ranging from 2 mm to 1 cm in diameter (*Fig. 1*). A small clear fluid-filled asymptomatic eruption over the chin was noted since birth. It gradually progressed in size with development of similar lesions around it, and a diffuse swelling over the chin. Over the years, similar lesions appeared over the lower lip, tongue (*Fig. 2*), and floor of mouth, and few of them darkened in color. There was history of serous or serosanguinous discharge on trauma to these lesions. There

was no difficulty in swallowing or change in voice reported. On palpation, a boggy, non-compressible swelling was noted on the chin without any bruit. Histopathological examination of skin biopsy confirmed the clinical diagnosis of lymphangioma circumscriptum (LC).

The term “lymphangioma” is used when lymphatics are distended to tumor-like proportions, and “lymphangioma circumscriptum” for lymphatic malformation when localized to an area of skin, subcutaneous tissue and sometimes muscle. The clinical picture of LC is very classical, but at times it needs to be differentiated from acquired lymphangioma, angiokeratoma, and hemangioma.



Fig. 1. Fluid-filled lesions seen over lower lip and chin along with diffuse swelling over chin.



Fig. 2. Fluid-filled lesions, resembling frogspawn, are seen over tongue.

LC may present at any age but is usually noted at birth or appears during childhood. The commonest sites are axillary folds, shoulders, flanks, proximal parts of the limbs and perineum. It manifests with fluid-filled vesicles, which are mostly translucent but many vary in color from red to blue-black, well defined, and discrete or grouped resembling frogspawn. The treatment options are radical surgery, intralesional sclerosants or

laser vaporization.

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