

CONGENITAL LATEROCERVICAL COMPLEX MASSES: ARE THEY ALL LYMPHANGIOMAS?

In a 34-gestational-week female, a huge cervical cystic mass, already diagnosed at 27 weeks, was evacuated in utero just before cesarian section. However, a few minutes after birth, the baby developed respiratory distress and required tracheal intubation. The physical examination showed a soft, right inframandibular and cervical mass (Figure 1), with anterior and lateral distortion of the ramus of the mandible. At 2 weeks of age, ultrasonography, computed tomography, and magnetic resonance imaging revealed a giant, mixed mass with two densitometric different parts: a cystic superficial portion of 55×45 mm and a deep, microcystic-solid portion of 35×25 mm. The mass dislocated the trachea and the oropharynx and deformed the mandibular bone; no connection with the central nervous system was reported (Figure 2; available online at www.us.elsevierhealth.com/jpeds). The images suggested the diagnosis of a mixed macro-micro cystic hygroma of the neck and excluded the possibility of teratoma.

The mass was treated with repeated drainage of the macrocystic portion and injection of OK-432 (Picibanil; Chugai Pharmaceutical Co. Ltd, Tokyo, Japan), a sclerosing substance. At 5 months of age, the surgical mass was resected. Histology revealed the unsuspected diagnosis of heterotopic neuroglial tissue (Figure 3; available online at www.us.elsevierhealth.com/jpeds). During the following months, the right mandibular ramus remodelled, greatly improving the aesthetic result of the operation. At 12 months follow up, the girl is growing well, and at magnetic resonance imaging, the mass has not recurred.

Heterotopic neuroglial tissue masses are very rare, congenital benign tumors that cause dislocation of bones; on the other hand, lymphangiomas are more frequent, benign hamartomatous neoplasms that infiltrate soft tissues and bones without distortion and dislocation of skeletal structures. In our case, the distortion of the mandibular bone could have guided us to the diagnosis of a heterotopic neuroglial tissue mass.



Figure 1. The baby at 1 week of age showing a large right cervical mass.

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