A newborn baby boy (gestational age 33 weeks, birth weight 1.8 kg) was delivered by emergency caesarean section, at the Ratnapura General Hospital in July 2008. Antenatal scans done around 27 weeks of gestation revealed that the fetus had a cystic hygroma. The hygroma was noted to have ruptured just after entering the uterine cavity, leaving behind a large wrinkled baggy mass on the left side of the neck (Figure 1). Baby was transferred to a paediatric surgical unit at the Lady Ridgeway Hospital where surgical excision and further management was undertaken.

Cystic hygroma or cavernous lymphangioma is a congenital lymphatic malformation, arising from the embryonic jugular lymph sac. It is considered to be a common benign tumour in childhood. Some cystic hygromas have associated haemangiomatous components as well. The cyst may be single or contain multiple chambers distended with lymph. The first description dates back to 1828, by Redenbecker. In a girl, the possibility of Turner syndrome should be borne in mind. Other syndromic associations are with Noonan syndrome, Down syndrome and Milroy disease. An increased risk of cystic hygroma has been found in cases of maternal exposure to teratogens, such as alcohol, aminopterin, and trimethadione.

References


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Cystic hygroma was first described in 1828 by Radenbacher. Cystic hygroma (meaning "moist tumor") belongs to a group of diseases now recognized as lymphatic malformations.