

Giant Cystic Hygroma Complicating on One of the Twin Pregnancy: Case Report

Mahmut Erdemoğlu, Ahmet Kale, Umur Kuyumcuğlu, Nurten Akdeniz, Ali İrfan Güzel, Kadir Kangal

Dicle Üniversitesi Tıp Fakültesi, Kadın Hastalıkları ve Doğum Anabilim Dalı, Diyarbakır

Abstract

Objective: Our aim is to report a twin pregnancy that determined a giant cystic hygroma on one of the twin after the birth.

Case: 38 years old woman had applied to a second step hospital with single pregnancy, on her pelvic examination complete openness had been determined and urgently she had spontaneous vaginal delivery, after her placenta couldn't be pulled out, on ultrasound examination approximately 20 cm of septated cyst has been explained as ovarian cancer and she referred to our clinic. In our clinic on the pelvic examination we found that she had 8 cm of openness, the uterus was 36 weeks in growth and on the ultrasound examination we found 20x24 cm of multiseptated and multicystic lesion. When we detailed our examination we understood that this lesion is a giant cystic hygroma of the other fetus of the twin pregnancy. Under ultrasound we aspirated the cysts with spinal needle and second fetus had burned. (1200g, 36 cm, APGAR 00)

Conclusion: In the pregnancies that have no antenatal care, both multiple pregnancy and cystic hygroma could not be diagnosed and then the cystic hygroma could grow to advanced size and causes to delay in the diagnosis and the treatment. So we have to remember cystic hygroma when we see a giant and septated cystic mass.

Keywords: Twin pregnancy, cystic hygroma.

Gebeliği Komplike Eden İkiz Eşinde Dev Kistik Hiyroma: Olgu Sunumu

Amaç: İkiz eşinde dev kistik hiyroma saptanan bir olgunu klinik özelliklerinin irdelenmesi

Olgu: 38 yaşında miadında tekil gebelik ön tanısı ile bir ikinci basamak sağlık kuruluşuna başvuran hasta tam açıklık olarak acilen doğum odasına alınmış, acil şartlarda doğumu gerçekleştirilmiş ve plasenta retansiyonu nedeni ile yapılan obstetrik ultrasonografik incelemede yaklaşık 20 cm. çapında septalı kistik oluşum, muhtemelen over tümörü olarak değerlendirilip kliniğimize sevk edilmiştir. Hastanın kliniğimizde yapılan pelvik muayenesinde servikal açıklık 8cm ve uterus 36 haftalık gebelik cesametinde olup, obstetrik ultrasonografik incelemede yaklaşık 20x24 cm boyutlarında septalı, multikistik bir yapı izlendi. Detaylı inceleme sonrasında bu yapının ikiz gebeliğin diğer eşine ait olduğu ve ileri evre kistik hiyroma ile uyumlu olduğu gözlemlendi. Kistler ultrasonografi eşliğinde spinal iğne ile boşaltıldıktan sonra ikinci fetusun doğumu gerçekleştirildi (1200 gr., 36 cm, APGAR 00).

Sonuç: Antenatal takip yapılmayan gebeliklerde, çoğul gebelik gözden kaçabileceği gibi fetus veya fetuslarda gelişebilecek bir kistik hiyroma, ileri derecede büyüyerek yanlış tanı konulmasına ve tedavinin de aksamasına neden olabilir. Bu nedenle septalı kistik kitlerde, ayırıcı tanıda kistik hiyroma mutlaka akılda bulundurulmalıdır.

Anahtar Sözcükler: İkiz gebelik, kistik hiyroma.

Introduction

Our aim is to report a twin pregnancy that determined a giant cystic hygroma on one of the twin after the birth. Cystic hygroma, also known as cystic lymphangioma, is a congenital lesion of the lymphatic system appearing most commonly in the neck region although it can arise anywhere as a result of failure of lymphatics to connect to the jugular veins and also rarely accompanies with genetic disorders.¹ In case of cystic hygroma Turner, Noonan, Achondroplasia, Lethal multiple pterygium, Roberts, Gumming, Cowchock syndromes are important syndromes for differential diagnosis due to increased risk of incidence. Additionally, the use of alcohol, amniopertine and timetadion have been reported as teratogenic agents in ethology.² In this report, a case with giant cystic hygroma in one of the twin pair has been diagnosed at the time of detailed anatomy scan which was referred to our clinic for a suspected mass for ovarian cancer.

Case Report

38 years old woman, gravidy 10 parity 8, had applied to a second step hospital with single pregnancy. On her pelvic examination complete dilatation had been determined and urgently she had spontaneous vaginal delivery, after her placenta could not be pulled out she had ultrasound examination and approximately 20 cm of septated cyst has been explained as ovarian cancer and she referred to our clinic. At our clinic on the pelvic examination we found that she had 8 cm of dilatation, the uterus was 36 weeks in growth and on the ultrasound examination we found 20x24 cm of multiseptated and multicystic lesion. When we detailed our examination we

understood that this lesion was a giant cystic hygroma of the other fetus of the twin pregnancy. There was not fetal cardiac activity. We decided that the delivery was impossible because of the cysts, we aspirated the cysts with spinal needle under ultrasound and second fetus had burned. (1200 g, 36 cm, APGAR 0/0). The fetus was hydrophic. When we evaluated the placenta, it was monochorionic and diamniotic. We discharged the case on day 2 of clinical follow up without any complication.

Discussion

The most common genetic abnormality that associates with cystic hygroma is Turner syndrome.^{1,2} In our case, genetic analyses couldn't be performed due to lack of parental permission. The lymphatic system develops around the fifth week and communicates with jugular vein in the seventh week. Cystic hygroma arises when this communication fails to happen until 11-12th weeks.⁴ They can be septated or nonseptated, can also reach to giant size as reported in our case. Shulam et al, reported that smaller hygromas, having better prognosis, can regress spontaneously and echocardiographical findings can be detected as normal, as well as fetal karyotypes.³ They affirmed that giant cystic and multiseptated cystic hygromas with hydrops fetalis have bad prognosis.⁵ The giant cystic hygroma presented in our case, having multiple septations, had bad prognosis. Surgical resection, depending on the anatomical location, is the mainstay of therapy in early detection. The nonsurgical treatment options are radiotherapy, aspiration, administration of sclerosing agents (bleomycin, OKT-432) and CO₂ laser vaporisation.⁶ Besides, pregnancy termination could be offered in early prenatal diagnosis. As a result antenatal follow-up is criti-

cally important.in pregnancies without antenatal care, multiple pregnancies can be overlooked as well as any cystic hygroma in fetus/fetuses may reach huge sizes that can be misdiagnosed causing a delay in treatment. Therefore, cystic hygroma should be kept in mind in the differential diagnosis of septated cysts.

Conclusion

In pregnancies without antenatal care, multiple pregnancies can be overlooked as well as any cystic hygroma in fetus/fetuses may reach huge sizes that can be misdiagnosed causing a delay in treatment. Therefore, cystic hygroma should be kept in mind in the differential diagnosis of septated cysts.

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