

Rare case of adult lymphangioma and vocal cord paralysis

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Introduction: Lymphangiomas represent rare, benign, congenital malformations of the lymphatic system, most frequently localized in the head and neck region. Their etiology remains unknown, and the underlying etiopathogenesis has not yet been sufficiently clarified. Based on morphological characteristics, they have been classified into macrocystic, microcystic, and combined types. Surgical excision remains the primary modality of treatment, while alternative approaches such as laser ablation, cryotherapy, radiotherapy, and sclerotherapy may provide symptomatic relief in selected cases. **Materials and methods:** We report the case of a 27-year-old female patient presenting with right vocal cord paralysis and a palpable mass on the right side of the neck. Due to inconclusive ultrasound findings, magnetic resonance imaging (MRI) was performed, revealing cystic hygroma, measuring 81 × 42 × 50 mm. The lesion extended from the level of the hypopharynx cranially to the superior mediastinum caudally, displacing the trachea and exerting compressive effects on the esophagus. Surgical excision was undertaken, during which the lesion was meticulously dissected, and the left recurrent laryngeal nerve was preserved. Intraoperatively, there was no response from the right recurrent laryngeal nerve on neuromonitoring. Histopathological examination confirmed the diagnosis of lymphangioma and 6-month follow-up revealed complete resolution of vocal cord paresis. To the best of our knowledge, this represents the first documented case of vocal cord paralysis from a lymphangioma in an adult. **Conclusion:** Lymphangiomas are uncommon benign malformations of the lymphatic system with an unknown etiology, predominantly affecting the pediatric population. Radiological imaging plays a crucial role in diagnostic evaluation. Complete surgical excision remains the gold standard in the management of such lesions. This case highlights a rare adult presentation of lymphangioma associated with vocal cord paralysis, successfully treated with surgery and subsequent full functional recovery.

Key words: lymphangioma, vocal cord paralysis, neuromonitoring