A 48-year-old man with multiple myeloma and a history of a re-
paired umbilical hernia and four thromboembolic events was admitted for 
cramping abdominal pain associated with back pain and a weight loss of 5 kg 
(11 lb) during the previous month. Physical examination showed a distended abdomen 
and no lower-extremity edema. Laboratory evaluation was notable for a creatinine 
level of 1.2 mg per deciliter (108 μmol per liter), an albumin level of 3.3 g per deci-
liter, and normal urinary sediment. Contrast-enhanced computed tomography showed well-defined cystic retroperitoneal masses in which the kidneys appeared to be floating, extending from below the liver into the pelvis. Percutaneous drainage did not improve his symptoms. Flow cytometry of the fluid aspirated from a cyst showed no evidence of cystic lymphoma, and the cytologic findings were consistent with lymphangioma. Exploratory laparotomy revealed large, uncomplicated retroperitoneal cysts surrounding both kidneys. Total excision was not possible, because the walls of the cysts were adherent to the major abdominal vessels. Subsequently, the patient has had recurrent ascites requiring frequent percutaneous drainage in addition to medical therapy. Retroperitoneal cystic lymphangiomas are rare malfor-
mations of the lymphatic system. Complete surgical resection is the definitive treat-
ment for symptomatic lymphangiomas. If resection is incomplete, recurrence is 
frequent, as in this case.

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