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(Fig. 1B).

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(Fig. 1C).

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UM 9 HDI(Advanced Technology Laboratory, Bothell, Wash) 5 - 10 MHz

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4 x 3 cm

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(Fig. 1A).

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(Fig. 1D, E).

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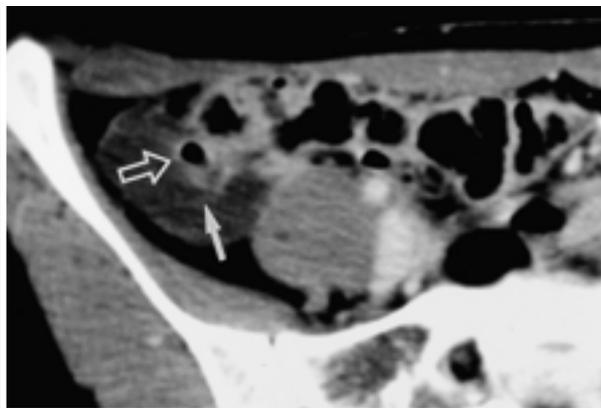
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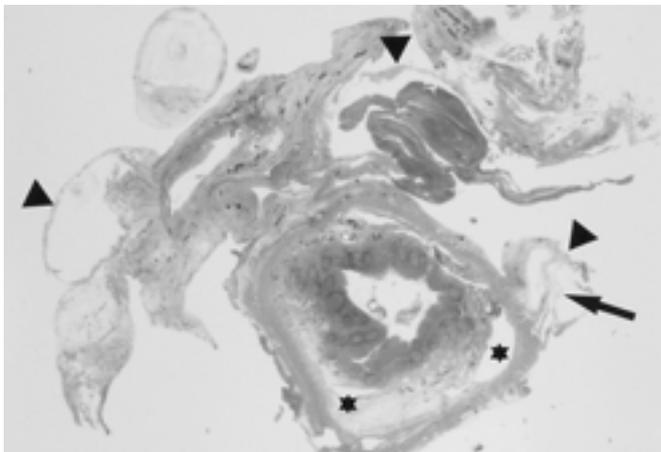
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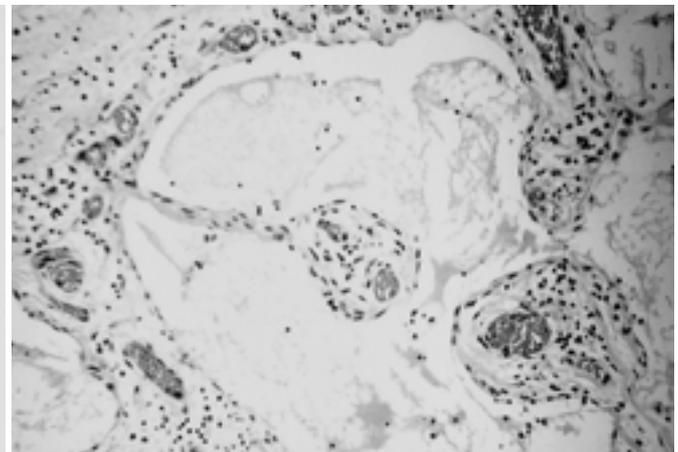
B



C



D



E

Fig. 1. **A.** Transverse scan of abdominal US shows a cystic mass partially encasing appendix (black arrow). Multiple septa (white arrows) within the cystic mass are also noted.
B. Abdominal CT at level of the base of the cecum shows a mass of fluid attenuation with a thin septum (arrow) at the pericecal and periappendiceal area. Outer margin of the lesion is clear. Open arrow indicates appendix.
C. Single contrast spot image of the barium enema examination shows a smooth submucosal lesion at inferomedial aspect of the cecum (arrows). Contrast filling in the appendiceal lumen is not found. The lesion is pliable with change of contour on compression or distension of the cecal lumen (not shown).
D. Whole mount section of specimen at the level of appendiceal base shows multiloculated cystic spaces (arrow heads) containing lymph. There are multiple septa (arrow). Most of cystic lesions are subserosal in location. However, they are also found at submucosal layer of appendiceal wall (asterisks) (H & E, $\times 1$).
E. Microscopic finding of the resected specimen shows widely dilated lymphatic spaces, which contain eosinophilic fluid without red blood cells (H & E, $\times 200$).

CT

(5),

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(5).

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(4 - 7).

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Cystic Lymphangioma Arising from the Mesoappendix: A Case Report¹

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Intra-abdominal lymphangiomas are a rare entity. We report a case of cystic lymphangioma arising from the mesoappendix of a 21-year-old female patient. Barium enema examination revealed a pliable submucosal lesion at the cecal base, without contrast filling in the appendiceal lumen. US and CT demonstrated a multiseptated cystic mass in the pericecal and periappendiceal areas.

Index words : Lymphatic system, neoplasms
Appendix, neoplasms
Appendix, US

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