

17. TREATMENT OF CERVICAL CYSTIC LYMPHANGIOMA IN CHILDREN



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Introduction. Cervical cystic lymphangioma is a malformation of the lymphatic vessels predominantly located in the cervical, head or axillary area, but can affect any region. The location of lymphangioma in the cervical area is of increased interest due to the involvement of vital anatomical structures and the risk of obstructive syndrome. Since it is an infiltrative lesion involving vessels and nerves, complete resection cannot always be achieved surgically and requires alternative methods of treatment with a reduced risk of complications.

Aim of study. The aim of this study was to analyze the scientific material presenting the various methods applied in the treatment of cervical cystic lymphangioma in children.

Methods and materials. Articles published in PubMed and Google Scholar between 2018-2023 were analyzed. Using the key words cervical lymphangioma and children we selected the most relevant articles.

Results. The localization of cystic lymphangioma in the cervical area is most often manifested by the presence of a mass which, reaching large sizes, can cause airway obstruction, dysphagia and dysphonia. Treatment depends on the complexity of the lesion, the localization of the lymphangioma, the level of involvement of vital structures, the age of the patient and the presence of complications. The standard method is complete surgical resection in a single operation or sometimes multiple surgeries are required for complete resection. In particular, surgery is chosen if complications such as recurrent infection, bleeding in the cyst, airway compression, dysphagia or accelerated growth occur. In some cases, however, involvement of major vessels and nerves prevents complete resection, increasing the risk of recurrence of lymphangioma. Late postoperative complications such as lymphorrhea, lymphoedema, hematoma, superinfection may also occur. Currently there are various non-surgical methods of treatment such as sclerotherapy (OK-432, bleomycin, monoclonal antibodies, doxycycline), simple drainage, corticosteroids, radiotherapy, cryotherapy, laser excision, radiofrequency ablation, etc. New therapies include the use of sildenafil, propranolol, sirolimus.

Conclusion. Surgical treatment remains the preferable method for cervical localization of cystic lymphangioma as it allows complete removal and decreases the risk of recurrence. However, the use of new treatment methods allows us to successfully manage complex cases of lymphangioma with a reduced level of complications compared to surgery and is proposed by some specialists as first line treatment.