

*LYMPHOGRAPHIA***MASSIVE INGUINAL LYMPHOCELE**

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Fig. 1. Massive inguinal lymphocele as demonstrated by conventional lymphography that developed in a 76 year-old woman after repair of a femoral artery pseudoaneurysm. Note the afferent lymph vessels of the leg entering an inguinal node and subsequent early filling of the lymphocele (left). At nine hours post-injection (right), the "oil droplets" are seen to extend to the periphery of the lymphocele.

COMMENT

Lymphoceles, also called secondary lymph cysts or pseudocysts, are rare complications of operations or trauma (1,2). They are more common after radical pelvic lymphadenectomy and after renal transplantation (3-6). They rarely occur after inguinal, lumbar,

mediastinal or axillary operations (7). Our patient was unusual in that the lymphatic drainage of the entire right leg terminated in the lymph node without opacifying more cephalad lymph trunks. At operation, the cyst measured approximately 10x15 cm, originated from inguinal lymphatics, extended cephalad anterior to the inguinal ligament, and

contained clear yellow fluid. Caudad to the cavity, an extensive network of lymphatics was encountered feeding into the lymphocele. The lymphatic vessels and accompanying enlarged lymph nodes were ligated and the lymphocele cyst wall was successfully excised.

Lymphography remains a useful procedure for diagnosis of a lymphocele and its differentiation from hematoma or abscess. Ultrasound and computer tomography are less specific in diagnosis and do not provide information with regard to the feeding vessels of the lymphocele. Complete lymphatic emptying of the entire leg into the lymphocele without drainage cephalad was unusual and indicated the need for operative correction. Excision of the lymphocele and its feeding lymphatics was aided by accurate delineation of these structures by lymphography.

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