Case Report

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Metastasis simulated by Retrograde Contrast Filling of Segmental Lumbar Lymphatic

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Summary

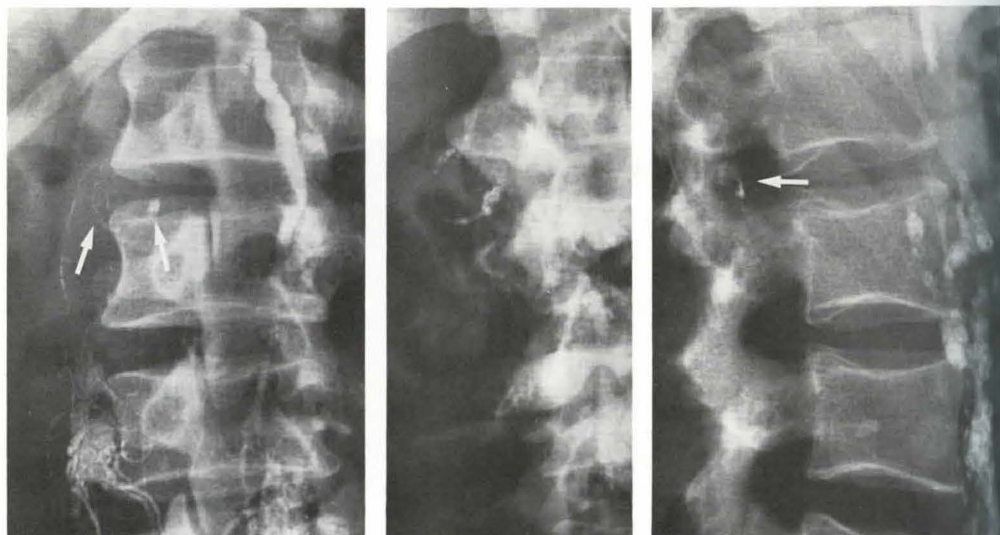
The present case demonstrates retrograde filling of a segmental lumbar lymphatic at foot lymphography. The finding simulated lymph node metastasis.

Knowledge of the normal variations of lymph vessels and nodes is a prerequisite for the correct interpretation of lymphograms. The present case illustrates an uncommon variant which may represent a pitfall in diagnosis.

Case report

A 44 year old male had foot lymphography and CT of the abdomen as routine examinations following orchiectomy for seminoma of the right testis.

A lymphangiogram revealed retrograde filling of a rightsided lymph vessel running a curved posterior course at the level of the disc between L1 and L2 (Fig. 1a). Persistent filling occurred on the lymphadenogram (Fig. 1b).



a) b) c)

Fig. 1a–c Lymphograms of a 44 year old male with seminoma of the right testis.
a) Lymphangiogram. Left anterior oblique position. Retrograde filling of curved lymphatic (arrows) at the level of the disc between L1 and L2.
b) Lymphadenogram. Persistent filling of lymph vessel.
c) Lymphadenogram. Lateral film. Demonstration of the posterior extent of the lymphatic (arrow).

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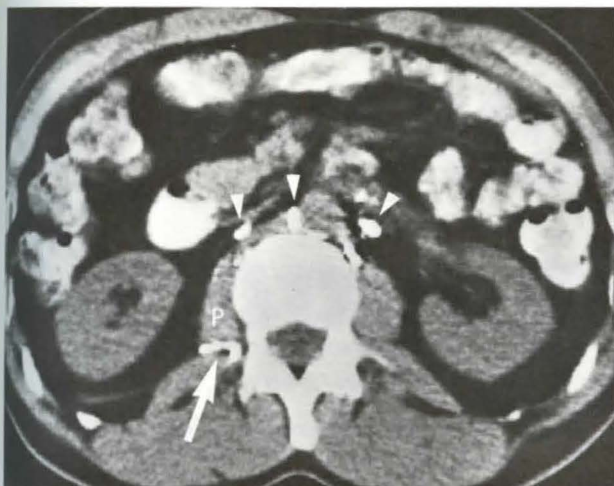

Fig. 2 CT-scan of the upper abdomen with demonstration of lymphatic (arrow) posterior to the right psoas major muscle (P). Arrow heads indicate contrast filled lymph nodes anterior to the spine.

The lateral view demonstrated the posterior extent (Fig. 1c). A CT-scan at the same level showed retention of contrast medium posterior to the right psoas major muscle (Fig. 2).

Discussion

The lumbar lymph vessels and nodes are subject to a great number of variations, "the right lower lumbar gap" and "the left upper lumbar clump" being the commonest (1). The present case illustrates retrograde filling of a segmental lumbar lymphatic. According to *Rouvière* (4) these lymph vessels drain the muscles of the posterior abdominal wall, running behind and medial to the psoas major muscle, accompanying the corresponding lumbar artery and vein.

Segmental lymphatics are occasionally contrast filled in the thoracic region (2), but has to our knowledge not been observed in the lumbar region.

In our patient CT and lymphography as well as phlebography of the inferior caval, left renal and left testicular veins (3) were normal, and serum tumor markers were not raised. It is therefore unlikely that cranial metastatic obstruction to lymph flow was the cause of the retrograde filling, which we consider to be a normal variant.

The curved appearance on the lymphadenogram may simulate filling of the marginal sinus of a lymph node and as such could easily be mistaken for metastasis. To avoid misinterpretation one should be aware of the possibility of contrast filling of curved segmental lymphatics.

References

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