E-Poster

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Role of Ultrasound in Diagnosing and Managing an Atypical Post-Traumatic Lymphocele of the Leg: A Case Report

Topic: Diagnosis

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BACKGROUND

A post-traumatic lymphocele of the leg is a rare condition characterized by a localized collection of lymphatic fluid following trauma to the lymphatic system. While lymphoceles are more commonly associated with surgical procedures, such as lymph node dissection or transplantation, post-traumatic lymphoceles of the leg are an unusual occurrence, with only a few cases reported in the literature.

CASE DESCRIPTION

We present the case of a 32-year-old housewife who sustained a blunt injury to the mid-anterior aspect of the right leg caused by a sharp metallic object. Over six weeks, she developed a swelling of approximately 5×2 cm on the anterior aspect of the right leg. On clinical examination, a relatively firm and tender mass was noted on palpation, with a pain score of 4/5 on the Visual Analog Scale. Standard X-rays showed no bone abnormalities in relation to the mass. Ultrasound revealed a non-vascular cystic mass measuring approximately 7×2.2 cm. Ultrasound-guided aspiration extracted a straw-colored serous fluid, consistent with a lymphatic origin. The patient underwent surgical incision and drainage, leading to complete resolution without recurrence after an six-month follow-up.

DISCUSSION

A lymphocele is a lymph-filled space without a distinct epithelial lining. Lymphatic vessels play a crucial role in fluid homeostasis. When damaged due to blunt or penetrating trauma, they may leak lymphatic fluid, leading to a persistent swelling or cystic mass. Unlike hematomas, lymphoceles are less likely to resolve spontaneously due to the lack of clotting factors in lymph, making them more prone to chronic leakage and enlargement. Clinically, patients may present with progressive swelling, a painless or mildly tender mass, and occasional skin changes if the condition persists. Diagnostic imaging, such as ultrasound or computed tomography, is essential for confirming the presence of a fluid collection and ruling out other differential diagnoses, such as hematomas, abscesses, or deep vein thrombosis. Management depends on the severity of the lymphocele. While small, asymptomatic cases may resolve with compression therapy and limb elevation, larger or symptomatic lymphoceles often require aspiration, sclerotherapy, or surgical drainage. Early diagnosis and intervention are crucial to prevent secondary complications, such as infection, or chronic lymphedema.

CONCLUSION

Although rare, post-traumatic lymphocele of the leg should be considered in any patient presenting with persistent swelling after trauma. A thorough diagnostic approach and appropriate treatment ensure complete resolution and help prevent long-term complications.

Statement of Disclosures

None

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