



LASERS

## **SPEARHEADING AVAILABLE TREATMENT OPTIONS FOR A 17 YEAR OLD FILIPINO FEMALE WITH LYMPHANGIOMA**

*K Kua<sup>(1)</sup> - M Lavadia<sup>(1)</sup> - V Pelino<sup>(1)</sup> - D Arcega<sup>(1)</sup> - L Tumalad<sup>(1)</sup>*

*East Avenue Medical Center, Department Of Dermatology, Quezon City, Philippines<sup>(1)</sup>*

**Background:** Lymphatic malformations (LMs) are due to hyperplasia of the lymphatics. Lesions appear just after birth and expand with the growth of the patient. Although many cases are asymptomatic, cosmetic concerns and complications such as fluid leakage and secondary infection causes patient discomfort and embarrassment. Surgical excision is often considered first-line treatment. But after destructive measures, lymphangioma has a tendency toward recurrence. Thus, more palliative treatment options have been tried.

**Observation:** A 17-year-old female was born with a yellowish to skin colored papule that grew with her on the left forearm. It exhibited gradual enlargement and elevation of the lesion evolving into plaques with intermittent leaking of clear to serosanguinous fluid, and bleeding and when exposed to trauma. A punch biopsy showed findings consistent with lymphangioma. A mixed lesion such as a hemalymphangioma or hemolymphatic malformation cannot be entirely excluded.

The patient underwent two sessions of carbon dioxide laser in continuous wave mode and three in fractional mode at different sites of the malformation. She also underwent two sessions of long pulsed Nd:YAG vascular laser, and one session of dual yellow laser, all on different sites of the defect with promising results.

**Key Message:** In the management of LM, laser treatment offers the advantage of local anesthesia use and minimal to no postoperative pain and hemorrhage. Thus far, available evidence indicates that various lasers are a safe and efficacious option for the treatment of LM, particularly in lesions that may not be amenable to surgical intervention.

