Lymphangiomas are benign thin-walled cysts that arise due to congenital lymphatic malformations. They are commonly found in the head, neck, and axilla and are rare in the duodenum. 90% of lymphangiomas are diagnosed by the age of 2 years. Diagnosis is incidental and definitive treatment is surgical resection.

**INTRODUCTION**

Most lymphangiomas are asymptomatic or have vague symptoms. Symptoms like abdominal discomfort, nausea, vomiting, and dyspepsia, making the diagnosis challenging. Our patient presented with dyspepsia, possibly secondary to H. pylori infection, and responded to triple therapy. However, there may be an association between lymphangiomas and dyspepsia.

Because of their benign nature, lymphangioma seldom requires treatment unless complicated with infection, hemorrhage, or fistula formation. Since our case had no such complication, no intervention was done for the lymphangioma.

**CASE DESCRIPTION**

A 30-year-old gentleman presented with a year-long history of:

- intermittent dyspepsia
- epigastric pain

The epigastric pain was related to food intake and partially relieved by a proton pump inhibitor.

He was a non-smoker, a non-alcohol user, and had no alarm signs like anemia, weight loss, nights sweat, dysphagia, or odynophagia.

**Vitals:**
HR 75/minute  
BP 120/80 mm of Hg  
RR 15/minute  
Temp - 98°F

**Examination:**
GCS 15/15  
Normal Chest exam.  
Epigastric tenderness, otherwise normal abdominal exam.

**Labs:**
Complete blood count – Normal  
Electrolytes - Normal  
Liver function test - Normal  
Renal function tests – Normal  
H. Pylori Antigen – Negative

**Esophagogastroduodenoscopy:**
Moderate chronic active gastritis with few H. pylori present and a small white polypoid mass was seen at D1.

**CLINICAL COURSE**

Patient received triple therapy for 2 weeks for H. Pylori gastritis.

This was followed by a month long oral PPI (omeprazole).

Patient remained asymptomatic over the following year.

No further treatment was done for the lymphangioma.

**DISCUSSION**

Most lymphangiomas are asymptomatic or have vague symptoms. Symptoms like abdominal discomfort, nausea, vomiting, and dyspepsia, making the diagnosis challenging. Our patient presented with dyspepsia, possibly secondary to H. pylori infection, and responded to triple therapy. However, there may be an association between lymphangiomas and dyspepsia.

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**REFERENCES**
