Clinical Image

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Klippel-Trenaunay Syndrome Complicated with Scrotal Lymphedema: A Rare Entity Not to be Ignored

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Klippel-Trenaunay syndrome is an extremely rare congenital angiodysplasia of undetermined aetiology, characterised by venous and lymphatic malformations, bone and soft tissue hypertrophy [1]. Its management is multidisciplinary. In some cases, surgery can improve the quality of life of patients.

We report the case of a 59-year-old Moroccan patient, known to have Klippel-Trendaunay syndrome for 20 years, who consulted us for scrotal lymphedema that had been evolving for 3 years. The patient had never travelled abroad, particularly to filarial endemic countries.

The clinical examination revealed a large, enlarged scrotum with local haemangiomas [Figure 1] and haemangiomas of the lower limbs.

The biological work-up revealed no abnormalities and no imaging was performed.

The patient underwent surgery under spinal anaesthesia and in the waist position. The outcome of the operation depends on the quality of the excision, so it was imperative to preserve the testicles and the testicular cord (Figure 2). Drainage with a delbet blade allows the lymphorhea to be removed, thus improving healing (Figure 3). The postoperative course was simple.

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Figure 1: Pre-operative aspect

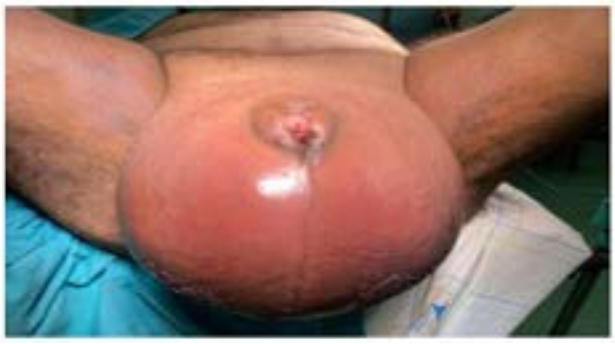


Figure 2: Specimen removed

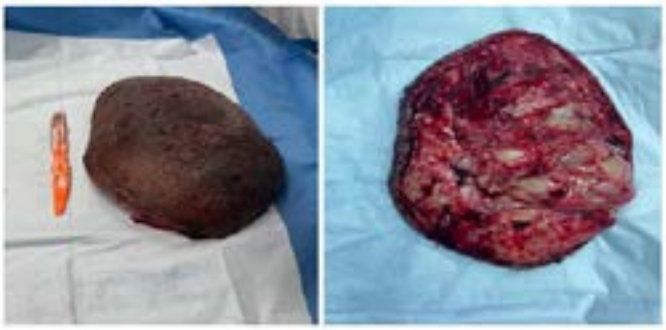
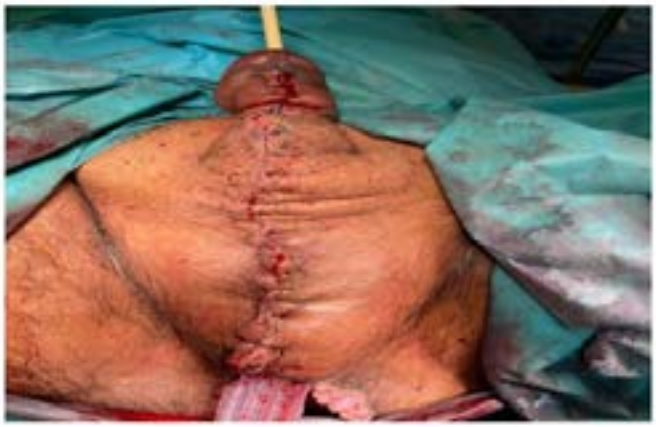


Figure 3: Post-operative aspect



Reference:

1. Asghar, F., Aqeel, R., Farooque, U., Haq, A., & Taimur, M. (2020). Presentation and management of Klippel-Trenaunay syndrome: a review of available data. Cureus, 12(5).