INTRODUCTION:
Cavernous lymphangioma is a benign neoplastic proliferation of dilated lymphatic sinuses that appears at birth or shortly thereafter as a slow growing soft tissue mass. We present a case of dystrophic macrodactyly of the left ring and little finger in a baby girl which turned out to be an isolated cavernous lymphangioma.

MATERIALS & METHODS:
An 18-month-old girl presented with a gradually enlarging bulbous swelling of the left ring and little finger since birth. Both fingers were swollen and sausage like with marked ulna deviation of the distal phalanges. The swellings were asymmetrical, soft, smooth and multilobulated extending over the dorsum of the hand from the metacarpophalangeal joints till the distal interphalangeal joints (Figure 1) and compromised the function of both digits. Radiograph showed a large soft tissue shadow with no bony involvement. MRI revealed a large subcutaneous tissue mass of the ring and little fingers with no definite margins. The mass was homogenous in consistency, hypointense in T1 and hyperintense in T2 weighted sequence indicating presence of fat. The provisional diagnosis was macrodystrophic lipomatosa of the ulnar nerve as the bones were normal in size and the non-fatty dominance of the mass atypical of such lesion. She then underwent two debulking surgeries.

RESULTS:
The histopathological report were consistent with lymphangioma. One month post surgery, both the swellings have markedly reduced and the scars well healed. Parents were told of the high possibility of recurrence and of malignant transformation.

DISCUSSION:
Vascular tumours account for 7% of the total tumours occurring in the hand and forearm with cavernous lymphangiomas accounting for 1% \(^1\). 50-65% of these tumors arise at birth with nearly 85-90% at detected by 2\(^{nd}\) year of life\(^2\). Surgical excision of lymphangioma remains an unresolved challenge with some disappointing results\(^3\).

CONCLUSION:
Functional limitation of the enlarged and cosmetically disfigured digits associated with pain as well as possible secondary infection makes surgical resection the preferred option.

REFERENCES: