Background: Cystic hygromas are characterized by a proliferation of small vessels and lymphatics with intervening fibrous tissue. Studies have shown malignant tumors and some benign neoplasms are dependent on angiogenesis, the induction of new capillaries from preexisting vessels. Growth and progression of these tumors are associated with a disturbance in the balance of angiogenic inducers and inhibitors. We have postulated that cells derived from cystic hygromas are angiogenic due to secretion of higher levels of angiogenic inducers that promote vascular proliferation.

Design: A large cystic mass was surgically removed and a portion of the sterile tumor was immediately placed in the medium. The tissue was minced, washed in phosphate-buffered saline, and grown to near confluence. Conditioned medium was collected under serum-free conditions after 48 hours. Secreted proteins were concentrated, quantitated, and analyzed in an in vitro endothelial cell migration assay and by Western blot. Antibody to factor VIII-related antigen was performed to confirm endothelial cell origin of the cultured cells.

Main Outcome Measures: In vitro angiogenic activity of secreted proteins in a capillary endothelial migration assay was tested by using blocking antibodies to angiogenic inducer, basic fibroblast growth factor, and angiogenic inhibitor, thrombospondin-1. Total protein levels of thrombospondin-1 were determined by Western blot.

Results: Cells isolated from cystic hygroma are angiogenic in vitro and this angiogenic activity is due to secretion of high levels of angiogenic inducer, basic fibroblast growth factor, and lower levels of naturally occurring angiogenic inhibitor, thrombospondin-1.

Conclusions: Cystic hygromas may represent another neoplasm dependent on angiogenesis. The angiogenic activity is due in part to elevated levels of potent angiogenic inducer, basic fibroblast growth factor. Antiangiogenic therapy directed at the endothelial cell may help suppress the growth of cystic hygromas.

mass was identified at the posterior triangle of the neck and was excised without incident. The specimen was delivered for surgical pathologic examination for further analysis, and the diagnosis of cystic hygroma was confirmed. Histological sections of the tumor revealed a proliferation of lymphatics, arterioles, and loose fibrous tissue. Small aggregates of lymphocytes were present in the interstitial fibrous matrix.

To determine if the tumor cells derived from the cystic hygroma secreted proteins with high angiogenic activity in vitro, cells were grown in culture and media was collected under serum-free conditions. Using an in vitro angiogenesis assay, media conditioned by the tumor cells or the secreted proteins had significantly higher angiogenic activity when compared with the negative control (compare bovine serum albumin or negative control column to CS media alone in Figure 1). Adding a blocking antibody to bFGF relieved most, but certainly not all, the angiogenic activity. This finding suggests that bFGF is not the only angiogenic mediator in the media, and other known factors, such as VEGF, may also play a role in the growth of this neoplasm.

To assess the level of angiogenic inhibitor activity in the tumor cell–conditioned media, bFGF was added and the expected angiogenic response was only partially blocked, suggesting only a modest level of angiogenic inhibitors. Identification of the secreted inhibitory substance was determined by Western blot using an antibody to a naturally occurring inhibitor, TSP-1 (Figure 2). Although TSP-1 protein was identified, the in vitro assay clearly demonstrated that it was not secreted in sufficient quantities to overcome the strong angiogenic activity in the media.

The causative factors responsible for the vascular and lymphatic proliferation in cystic hygromas are not well defined. It has been debated whether these vascular neoplasms are developmental in origin or represent true hamartomatous lesions. Their tendency to be locally aggressive and destructive to native tissues are features that lead to disfigurement and difficulty in obtaining a complete surgical resection. Our study investigated the possibility that the growth of cystic hygromas, similar to other tumors, is dependent on angiogenesis. Identifying the tumor cell–derived factors responsible for the angiogenic activity could assist in our understanding of
Thrombospondin-1 is a homodimeric 450-kd glycoprotein that is a member of a small group of naturally occurring inhibitors of angiogenesis found in normal tissue, including fibroblasts. It is able to block migration and mitogenesis of capillary endothelial cells in vitro. The local level of this inhibitor is critical in stabilizing neovascularization, especially during the time when tumors are secreting potent angiogenic mediators. In addition, recent evidence suggests that TSP-1 may be important in the regulation of programmed cell death or apoptosis. It is possible that the level of TSP-1 secreted by cystic hygromas is not adequate to induce endothelial cell apoptosis within the highly vascular tumor, thereby promoting further growth and neovascularization.

Although VEGF was not tested in this study, it is another important angiogenic mediator in premalignant and malignant neoplasms. Several studies have found that VEGF may not only be a mediator of angiogenesis but may also act as a growth factor promoting the proliferation of lymphatics. Vascular endothelial growth factor C appears to be the first angiogenic mediator that is specific for the lymphatic system. The selectivity of VEGF-C was recently confirmed when hyperplasia of the lymphatic system was demonstrated in VEGF-C transgenic mice. This finding is especially intriguing in the context of cystic hygromas since the lymphatic component of this tumor can be the predominant pathological feature in primary tumors and recurrences. Selective blockade of a “lymphatic-specific” growth factor may provide a new pharmacological modality to suppress local growth of these lesions.

This study demonstrates that media conditioned by tumor cells cultured from a large cystic hygroma have high angiogenic activity. Most, but not all, of the activity can be attributed to bFGF. The cells also secreted an angiogenic inhibitor, TSP-1, although not in adequate quantities to block the angiogenic activity. These findings suggest that the growth of these benign neoplasms may be dependent on excessive angiogenesis. Further testing is required on a large group of cystic hygromas or lymphangiomata to determine the relative contribution of bFGF or VEGF to the neovascularization, to investigate the cellular sources of these proteins, and, eventually, to test the efficacy of antiangiogenic therapy to control tumor growth.

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