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Case Report

"Mesenteric cyst: A rare intra-abdominal tumour"

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Introduction

Mesenteric cysts are rare benign intra-abdominal tumours with an incidence of 1 case per 250,000 hospital admission.[1] Because of variable and non-specific clinical symptoms and signs, they are discovered either accidentally during an abdominal radiological examination for other reason or during laparotomy for the management of one of the complications. The aetiology of such cysts remains unknown but several theories regarding their development exist. Complete surgical excision of the cyst is the treatment of choice. Due to the rarity of this entity and the lack of specific symptoms, correct pre-operative diagnosis is difficult. Knowledge of these lesions is important due to the various complications associated with suboptimal surgical management.

Case report

A 7-year-old boy, native of West Bengal presented with history of dull aching pain on left side of abdomen of five months duration, particularly after meals. A lump was noticed on left side of abdomen by parent of child, which was increasing gradually. There was no history of fever, vomiting, jaundice, maleana, haematemesis, bleeding per rectum, dysuria, haematuria, chronic cough, haemoptysis, bony pains, seizures or worm infestation. There was no family history of similar disease or any congenital anomaly. On clinical examination vital parameters were found within normal limit with no pallor, icterus, pedal oedema, lymphadenopathy. Per abdomen examination revealed a well-defined oval shape, intra-abdominal lump, extending from left hypochondrium to left iliac fossa, cystic in consistency, non-tender, with well-defined margins. It was slightly mobile from side to side. Laboratory tests found haemoglobin count of 14.2 g%, PCV of 33%, WBC count of 9200/cm, and platelet count of 1,76,000/cm. His blood differential showed 68% neutrophils, 24% lymphocytes, 6% eosinophils, and 2% basophils. His liver function tests, basic metabolic panel, amylase and lipase levels, and urinalysis were within normal limits. A chest radiograph showed no infiltrates in lungs. Ultrasound abdomen revealed an intra-abdominal cystic mass, measuring11.5 × 7.2 × 6.5 cm in dimension, with thick fluid of finely granular echogenecity on left side of abdomen with an enhancing peripheral rim. Based on clinical features and ultrasound study of abdomen diagnosis of "Mesenteric Cyst" was made. CECT abdomen was contemplated after USG abdomen, however, could not be done as CECT facility was not available at that time in hospital. Therefore, patient was prepared for exploratory

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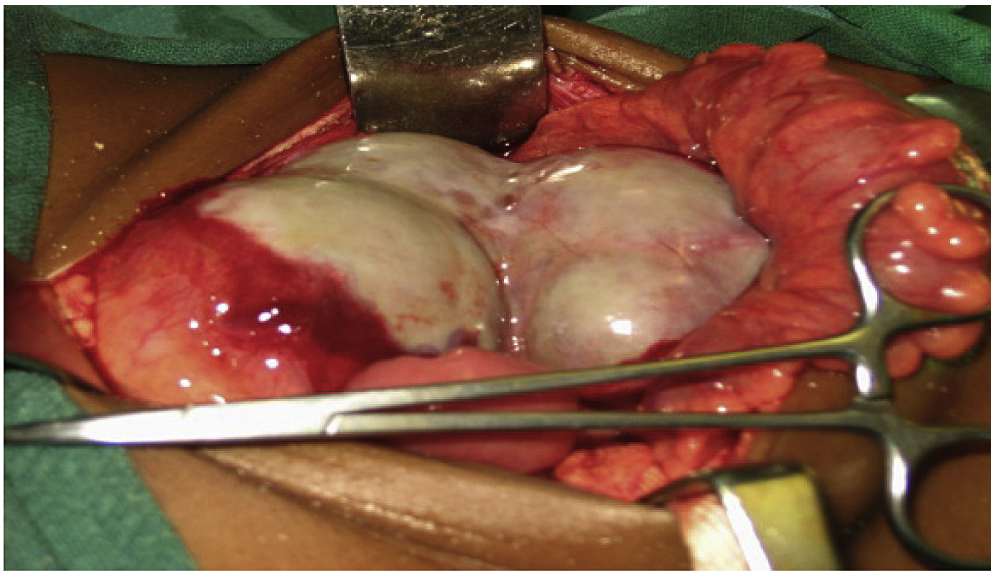

Fig. 1 – Mesenteric cyst extending from costal margin to brim of pelvis.

laparotomy and excision of cyst. Patient underwent exploratory laparotomy, which revealed a big lobulated mesenteric cyst in mesentery of sigmoid, extending in mesentery of descending colon. Few epicolic and paracolic lymph nodes were slightly enlarged. Complete enucleation of cyst carried out leaving the large intestine intact (Figs. 1–3). One each epicolic and a paracolic lymph node were also taken out for HPE. Post-operative period was uneventful. Cut section revealed multi-loculated cyst with varying wall-thickness, filled with dark brown fluid probably due to haemorrhage in the cyst (Fig. 4). Histopathological examination showed that Cyst wall was lined by flattened benign epithelium with no granuloma or malignant feature, so opinion was consistent with clinical diagnosis of benign mesenteric cyst. Histopathological examination of lymph node showed reactive follicles with Sinus histiocytosis and there was no evidence of metastatic malignancy or granuloma. Regular follow up of patient for 1 year showed no recurrence and patient was symptom free.

Discussion

Mesenteric cysts are rare surgical condition occurring approximately in 1/200,000–350,000 hospital admission.[2]

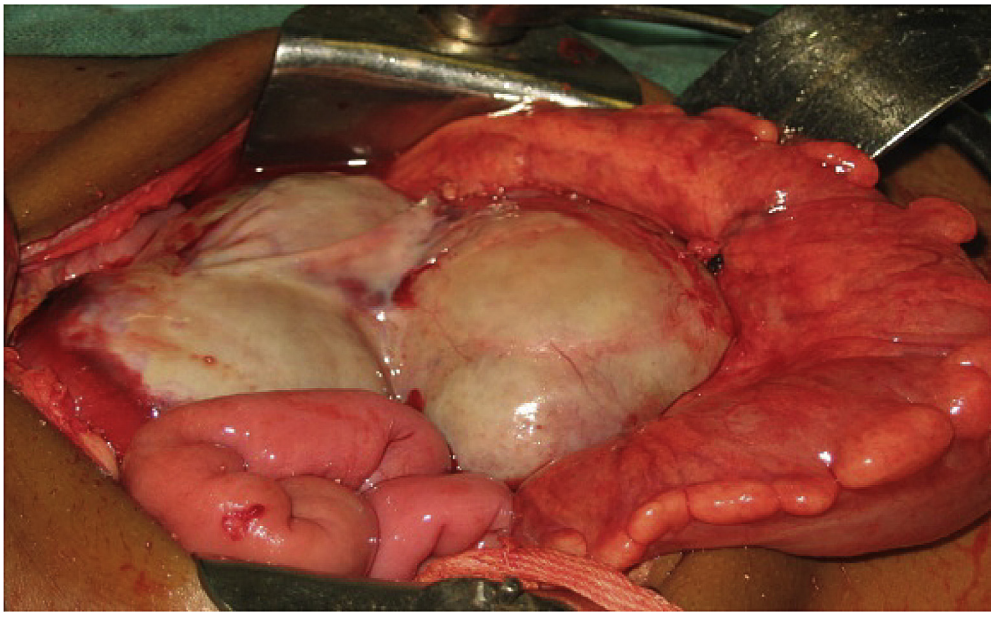

Fig. 2 – Mesenteric cyst arising from mesentery of sigmoid colon.