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CLINICAL CASE

Recurrent benign multicystic peritoneal mesothelioma: Approach to this rare condition☆

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KEYWORDS
Mesothelioma;
Multicystic;
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Abstract
Background: Benign multicystic mesothelioma is a rare benign tumour derived from the peritoneal mesothelium.

The aim of this paper is to present a case of this rare tumour and review the clinical features, diagnosis and treatment of this disease.
Clinical case: The case is presented of a 22-year-old female diagnosed with multicystic mesothelioma after an urgent resection of intra-abdominal tumour in the context of acute abdominal pain. In the subsequent follow-up, the patient had a recurrence of the lesion, and at 2 years was treated by further resection.
Conclusions: Benign multicystic mesothelioma is a benign tumour of unknown origin, and with a non-specific clinical manifestation. The most effective treatment is surgical, although there is a high tendency to local recurrence.

PALABRAS CLAVE
Mesotelioma;
Multiquístico;
Recidivante;
Benigno

Mesotelioma multiquístico peritoneal benigno recidivante: abordaje de esta entidad tan poco frecuente

Resumen
Antecedentes: El mesotelioma multiquístico benigno es un tumor benigno infrecuente, que deriva del mesotelio peritoneal.

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El objetivo del trabajo es presentar un caso clínico de esta rara entidad y realizar una revisión de la presentación clínica, diagnóstico y tratamiento.
Caso clínico: Paciente mujer de 22 años, que se diagnostica de mesotelioma multiquístico tras una resección urgente de una tumoración intraabdominal, en el contexto de un dolor abdominal agudo. En el seguimiento posterior presentó una recidiva de la lesión a los 2 años, que se trató mediante resección.
Conclusión: El mesotelioma multiquístico benigno es un tumor benigno cuya etiología es desconocida, la manifestación clínica es inespecífica. El tratamiento más eficaz es quirúrgico, aunque presenta gran tendencia a la recidiva local.

Background

Benign multicystic mesothelioma is a rare benign tumour, characterised by the formation of intra-abdominal multilocular cystic masses and its main structure arises from the peritoneal mesothelium. It is a rare disease, first described in 1979 by Doctors Mennemeyer and Smith, who established its mesothelial origin.[1]

The aetiology of the entity is not known and its most common form of presentation is in women of child-bearing age.

The clinical manifestation is non-specific, abdominal pain is usual and the presence of a palpable mass.[2–4] Occasionally it presents as an incidental finding during a diagnostic test or surgical intervention.

The most effective treatment is surgery, although there is a high tendency for local recurrence.[2,4]

The aim of this study is to present a clinical case of this rare disorder and to review the clinical presentation, diagnosis and treatment of the disease.

Clinical case

A 22-year-old woman, with no medical or surgical history of interest, attended the emergency department with symptoms of acute abdominal pain in the right iliac fossa. She reported no other associated symptoms. The physical examination found abdominal pain and guarding with mass effect at the level of the right iliac fossa. The laboratory tests showed no disturbances. Abdominal ultrasound was performed, complemented by abdomino-pelvic CT scan for better assessment which radiologically described thickening of the right lateroconal and posterior pararenal fascia and an encapsulated collection with peripheral enhancement of 36.7 mm × 92.2 mm, displacing the caecum medially. These findings were suggestive of an abscess caused by retrocaecal appendicitis (Fig. 1).

Since a complicated appendicitis was suspected, an urgent exploratory laparotomy was performed. We used a 12 mm umbilical trocar, a 10 mm suprapubic trocar and 5 mm trocar in the left iliac fossa. The findings showed a cystic tumour below the lateral peritoneum of the right colon, adjacent to the caecum. The patient presented a normal caecal appendix with pelvic arrangement; no visible disturbances of uterus and uterine annexes.

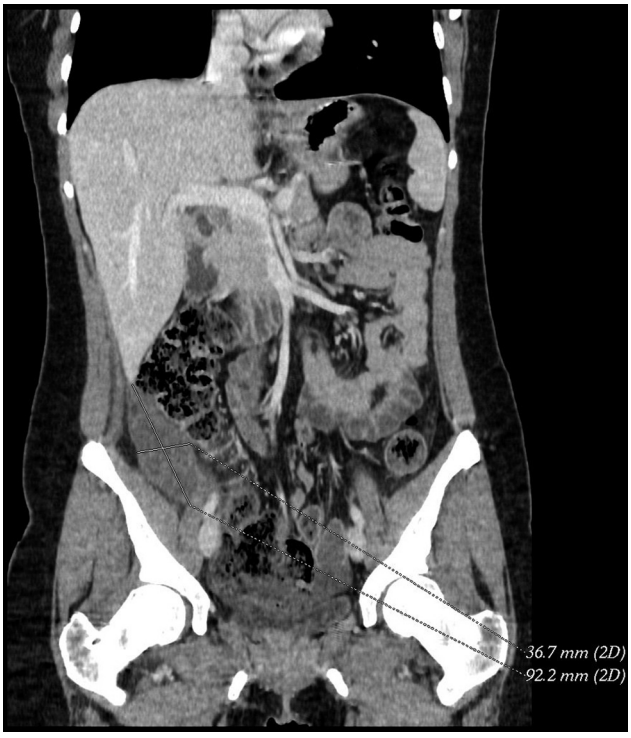

Figure 1 Emergency abdominal computed tomography with intravenous contrast: with encapsulated retrocaecal collection 36.7 mm × 92.2 mm.

The cystic tumour of the right lateral colon wall was dissected; we observed that it had a cleavage plane with respect to the colon and was removed in one piece in a bag. An appendectomy was performed and a drain placed in the surgical bed.

The patient progressed well clinically in the post-operative period and was discharged on the third post-operative day.

The patient was followed up in the surgery 3 weeks later and the pathology report found an irregular fragment of polycystic appearance, 4 cm in diameter, with findings compatible with benign multicystic mesothelioma, with wide areas of mesothelial coverage and deposits of fibrin and thrombus, and foci of haematic extravasation. There was no associated inflammation of the caecal appendix.