



Contents lists available at ScienceDirect

## International Journal of Surgery Case Reports

journal homepage: [www.casereports.com](http://www.casereports.com)

## Two giant peritoneal loose bodies were simultaneously found in one patient: A case report and review of the literature



Qingxing Huang, Aihong Cao, Jun Ma, Zhenhua Wang, Jianhong Dong\*

Department of Digestive Minimally Invasive Surgery, Affiliated Tumor Hospital of Shanxi Medical University, Zhigongxin Street, Xinghualing District, Taiyuan, Shanxi Pvince, 030013, China

### ARTICLE INFO

#### Article history:

Received 14 January 2017

Received in revised form 2 May 2017

Accepted 6 May 2017

Available online 18 May 2017

#### Keywords:

Peritoneal loose body

Appendices epiploicae

Calcified body

Peritoneal mouse

Case report

### ABSTRACT

**INTRODUCTION:** Peritoneal loose body (PLB) is usually small, therefore giant Peritoneal loose body (gPLB) with a diameter >5 cm has rarely been described in the literatures. We report a case of two gPLB simultaneously found in one patient.

**PRESENTATION OF CASE:** A healthy 79-year-old man palpated himself a solid mass with alternating localizations in his peritoneal cavity 6 months ago. It was not the complaint of frequency of urination until he saw the doctor a week ago. Surprisingly, two oval-shaped masses were simultaneously discovered by computed tomography (CT). One was in the peritoneal cavity, measuring 10.4\*8.3 cm, weight 182.5 g, another was in the pelvic cavity, measuring 7.6\*6.0 cm, weight 98.4 g. The case was confirmed by surgical operation.

**DISCUSSION:** The gPLB is considered as uncommon. Two gPLB which were simultaneously discovered in one patient have never been reported in the literatures. The small PLB is usually asymptomatic, occasionally, the gPLB can cause symptoms with acute retention of urine or intestinal obstruction. It is crucial to diagnosis the peritoneal loose body.

**CONCLUSION:** Two gPLB that situated in one patient are rare findings. Clinically, if a solid mass alternating localizations could be palpated in the Peritoneal cavity, CT or other imaging shows an oval-shaped mass with calcifications in the central region, PLB should be considered. Surgical removal is recommended for the patient with acute retention of urine or intestinal obstruction or unclear diagnosis.

© 2017 The Authors. Published by Elsevier Ltd on behalf of IJS Publishing Group Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

### 1. Introduction

Peritoneal loose bodies are usually small, white or pale gray, pea-shaped masses with a smooth glistening surface, occasionally found during laparotomy or autopsy [1]. They usually lie free in the peritoneal cavity, 0.5–2.5 cm in diameter. Therefore its “giant” form with a diameter >5 cm has rarely been described in the literatures. We report herein a case of two giant loose bodies simultaneously found which lie respectively in the peritoneal cavity and in the pelvic cavity, measuring 10.4\*8.3 cm and 7.6\*6.0 cm, weight 182.5 g and 98.4 g, which happened in a 79-year-old man and confirmed by operation. Our report follows the SCARE guidelines [2]

### 2. Presentation of case

A healthy 79-year-old man palpated himself a solid mass with alternating localizations in his peritoneal cavity 6 months ago. Ultrasonography was done in a local hospital in order to evalu-

ate the nature of the mass, so the lesion about 10.4\*8.3 cm in the peritoneal cavity was found. Because of the complaint of frequency of urination without urgency and odynuria a week ago, the patient saw the doctor again. Surprisingly, two oval-shaped masses were discovered by computed tomography (CT). One was in the peritoneal cavity, measuring 10.4\*8.3 cm, another was in the pelvic cavity, measuring 7.6\*6.0 cm. They showed a low-density lesions with clear boundaries, a complete capsule, and two calcifications in the central part on the CT scan (Fig. 1). The patient had no complaints besides frequency of urination, Urine routine examination did not find abnormal. Tumor markers and other laboratory tests were within the normal range.

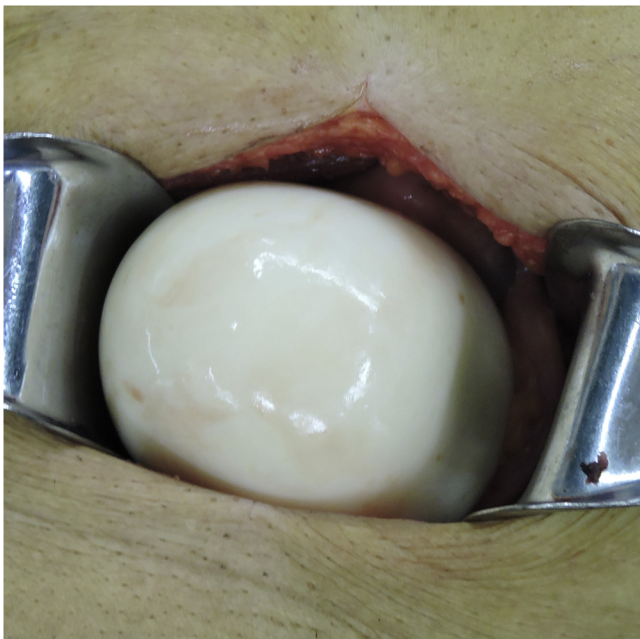
Considering length of abdominal incision same as laparoscopic surgery, laparotomy was performed. We extracted respectively two hard, egg-shaped peritoneal loose bodies from the vicinity of the spleen and from the pelvic cavity in front of the rectum, which was completely free in the peritoneal cavity (Fig. 2). Further exploration of abdominal and pelvic organs demonstrated that the liver, stomach, intestine, colon, and rectum were all normal. The specimen from the procedure was sent for histopathological examination. Our patient recovered well and discharged from the hospital in excellent condition after 3 days of postoperative.

\* Corresponding author.

E-mail address: [caohuangx@163.com](mailto:caohuangx@163.com) (J. Dong).



**Fig. 1.** CT-scan (coronal plane) showing two oval-shaped masses (one was in the peritoneal cavity, measuring 10.4\*8.3 cm, another was in the pelvic cavity, measuring 7.6\*6.0 cm), with central calcifications.



**Fig. 2.** Intraoperative view showing the freely floating, glistening gaint PLB in the peritoneal cavity.

On gross pathologic examination, the peritoneal loose body in the vicinity of the spleen measure 10.4\*8.3 cm, weight 182.5 g, another in the pelvic cavity measure 7.6\*6.0 cm, weight 98.4 g. They were yellow-white, oval in shape, and had a bony-hard, smooth surface (Fig. 3). The cross section displayed a thread-like appearance. There were two calcified cores filled with yellow cheese-like material, and the interval distance between the two cores was about 5 mm (Fig. 4). Histologically, the lesion consisted of well-circumscribed, unencapsulated, paucicellular tissue, with an obviously hyalinized fibrosclerotic center. At the periphery, the lesion was paucicellular, containing spindled fibroblasts embedded in a collagenous stroma (Fig. 5).

### 3. Discussion

Peritoneal loose bodies also referred to as a “peritoneal mouse” [3]. PLB is supposed to emerges from a spontaneously distorted and consequently infarcted epiploic appendix [4], autoamputated parts of the greater omentum [5], the adnexa [6], or fat tissue in the pancreas [7]. Then it detaches from the serosa and undergoes a process of saponification and calcification [8]. Finally, the deposition of intraabdominal fluids on its surface and its interaction with the surrounding peritoneum are supposed to cause the characteristic histopathological structure.

Download English Version:

<https://daneshyari.com/en/article/8833184>

Download Persian Version:

<https://daneshyari.com/article/8833184>

[Daneshyari.com](https://daneshyari.com)