Section: General Surgery

Case Report

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A LARGE MESENTERIC CYST

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ABSTRACT

A rare case of abdominal mass presented as abdominal distension and on evaluation found out to be a huge mesenteric cyst. The incidence of mesenteric cyst was ranging from 1in 1,00,000 to 1in 2,50,000. It was thought to be formed because of disruption in lymphatic channels by various causes. It carries 3% risk of malignant transformation mostly as a sarcomatous lesion.

INTRODUCTION

Mesenteric cysts are rare cystic lesions arise from mesentery due to disruption of lymphatics or as a diverticulum from adjacent bowel. It can be unilocular or multilocular. It can be found as an incidental finding in upto 40% of cases. Most of them present with chronic vague symptoms like abdominal discomfort, nausea, vomiting, anorexia, abdominal distension and local compressive symptoms. some may present with acute abdomen symptoms of complications like bowel obstruction, torsion and rupture of the cyst.

CASE REPORT

A 36 year old female came to General surgery outpatient department with chief complaints of abdominal distension for past six months which is insidious in onset, gradually increase in size and not associated with abdominal pain. History of nausea and anorexia present. There was no history of trauma in the recent past. No history of vomiting/constipation. No history of urinary disturbances. No history of yellowish discolouration of skin. No history of loss of weight.

On examination, A huge mass of size 20*15 cm palpable in the left hypochondrium and umbilical region. On further examination, the mass was not tender, freely mobile only in side to side movement and cystic in consistency. On percussion, resonant note heard. On auscultation, bowel sounds present.

All blood investigations of the patient were found to be within normal limits.

On contrast enhanced CT of abdomen and pelvis, Large abdominal hypodense cystic lesion of size measuring 19*15*14cm extending from splenic flexure upto left paracolic gutter displacing bowel loops medially and there was no evidence of septations, calcification or solid components with impression possibility of intraperitoneal cyst-may be mesenteric cyst.

The patient was planned for elective laparotomy and exploration done. Intraoperatively, a large smooth cyst of size 19*15*15 cm present in the mesentery of ileum without any communication with adjacent bowels and had independent blood supply. Hence proceeded with enucleation of the cyst. The cyst weight around 1200gm and containing around 1000ml of serous fluid. The cyst wall of the specimen sent for histopathological examination.

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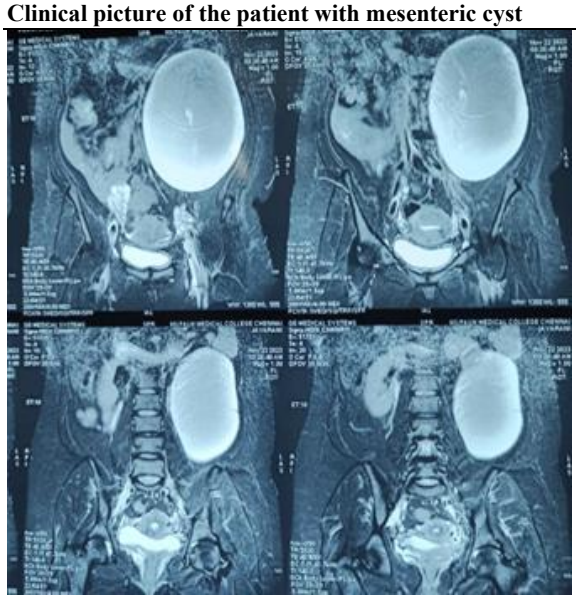
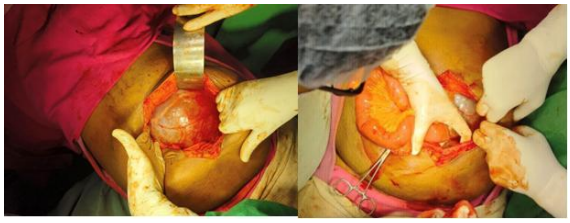
Clinical picture of the patient with mesenteric cyst



Imaging of mesenteric cyst



Intraop pictures of mesenteric cyst

Histopathology of cyst wall showed presence of inflammatory cells with lining by columnar epithelium and there was no evidence of malignancy. The postoperative course was uneventful and the patient got discharged on postoperative day 7 in good condition.

DISCUSSION

The Mesenteric cysts are common in 3rd decade of age and prevalence is more in females than males. It often presents as a painless abdominal swelling in umbilical region and Tillaux's triad.

Mostly arising from mesentery of ileum but also can occur in mesentery of colon.

The tillaux triad consists of

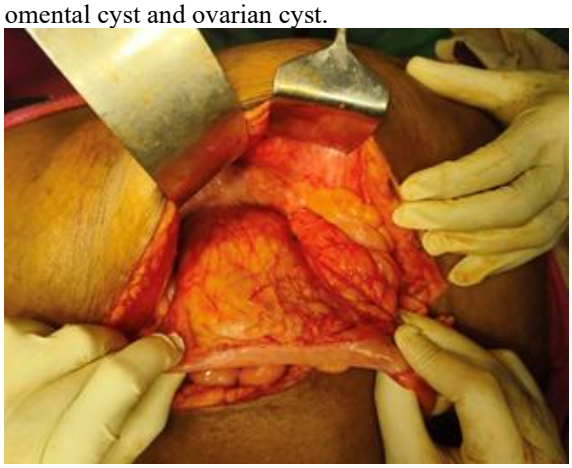
1. Soft, smooth swelling in the umbilical region
2. Freely mobile in a direction perpendicular to mesentery
3. Band of resonance over the cyst.

Various causes of mesenteric cyst include

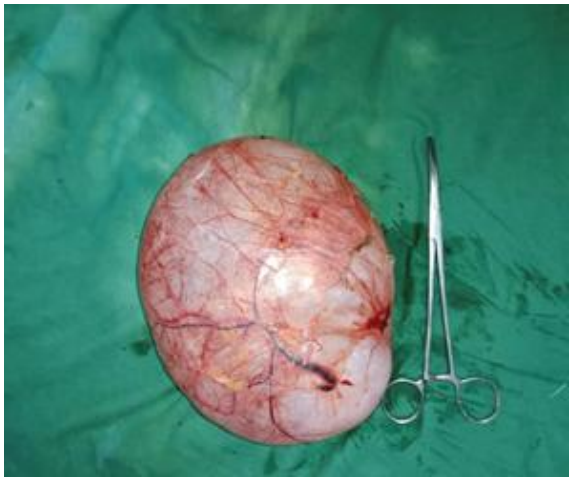
1. Chylolymphatic cysts arising from congenitally misplaced lymphatic system with independent load supply. Enucleation of the cyst is the surgical treatment of choice.
2. Enterogenous type arises as a diverticulum from the adjacent bowel and receiving its blood supply from adjacent bowel.so resection of the adjacent bowel along with the cyst is needed.
3. Traumatic and cyst formation
4. Hydatid cyst of mesentery

The complications of the mesenteric cyst includes Torsion of the cyst, rupture of the cyst, compression of bowel causing obstruction and infection.

The differential diagnosis to be considered are omental cyst and ovarian cyst.



Mesenteric cyst arising from mesentery of ileum.



Specimen-mesenteric cyst

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CONCLUSION

Around 20 to 30% cysts are asymptomatic. The treatment depends upon the type of the mesenteric cyst. Laparoscopic enucleation/resection can also be done. Aspiration and internal drainage are not advised as it may cause recurrence. Cyst wall should be sent to histology to rule out neoplastic conditions.

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