

A BENIGN MESENTERIC CYST IN AN ADULT A CASE REPORT

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HISTORY

A 52-year-old lady presented as a general practitioner referral to the outpatient clinic complaining of vague abdominal pain, mainly in the epigastric region, which she had experienced for about one year. The pain was continuous in nature, not related to diet and not affecting any other area. There had been no change in appetite or weight. Also, there were no symptoms related to her bowel or urinary system. There was no significant family history regarding inflammatory bowel diseases or bowel cancers.

EXAMINATION

The patient was of thin build, but with no signs of weight loss, and her vital signs were within the normal ranges. Abdominal examination revealed the presence of an ill-defined mass in the epigastric region about 6cm in diameter, not tender and with very limited mobility in the transverse axis but none longitudinally. An ultrasound scan revealed a cystic mass at the level beside the aorta, with limited detailed information due to gas in the bowel. Also, there was a stone in the neck of the gallbladder. A computerised tomography (CT) scan confirmed the presence of a cystic mass in relation to the small bowel (Figures 1, 2 and 3).

OPERATIVE FINDINGS

There was a mass in the root of the mesentery of both the jejunum and the transverse colon, apparently sharing some of the blood supply of tributaries from the jejunal arteries and the middle colic artery (Figure 4). Dissection was performed

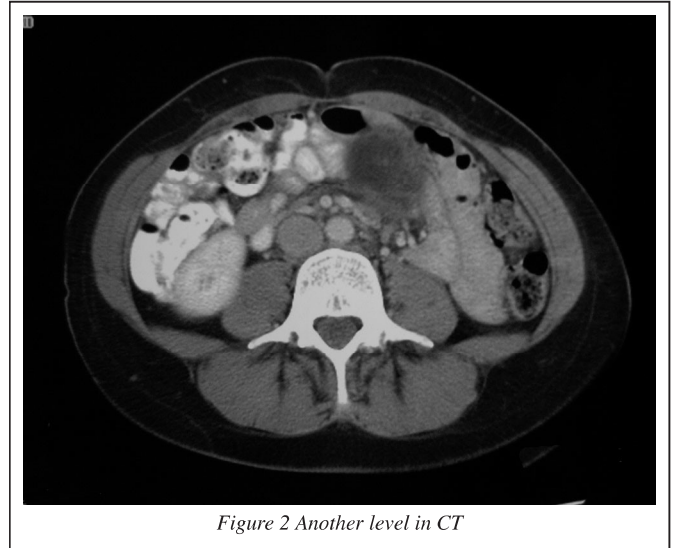


Figure 2 Another level in CT

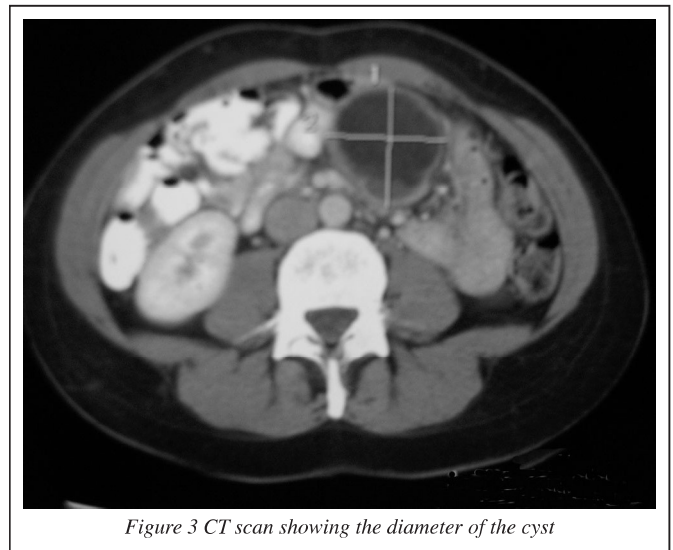


Figure 3 CT scan showing the diameter of the cyst

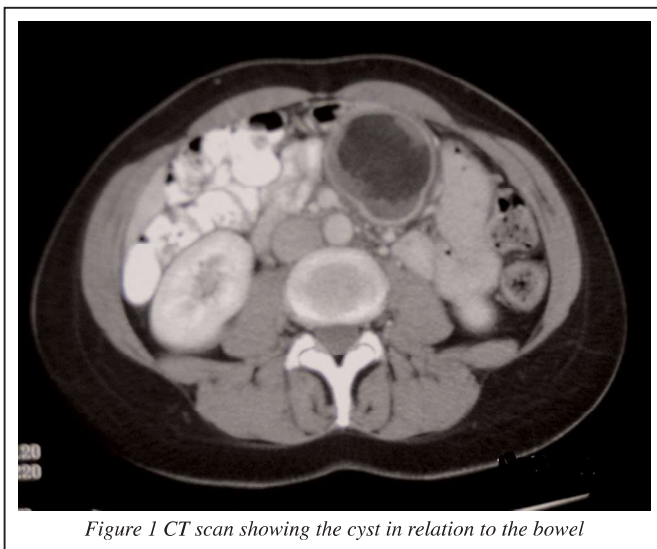


Figure 1 CT scan showing the cyst in relation to the bowel

on the mass and excision was successful, with no impeding of the blood supply of the bowel. When the cyst was opened a whitish material, which was thick and looked like chyle, was revealed (Figure 5). A cholecystectomy was also performed. Histopathology showed that the mass was a benign mesenteric cyst.

DISCUSSION

Mesenteric and omental cysts are rare, with an incidence of about 1 per 140,000 general hospital admissions and about 1 per 20,000 paediatric hospital admissions^(1,2,3). The many theories behind the aetiology of these cysts include:

- it may represent benign proliferation of ectopic lymphatic that lack communication with the normal lymphatic system⁽⁴⁾

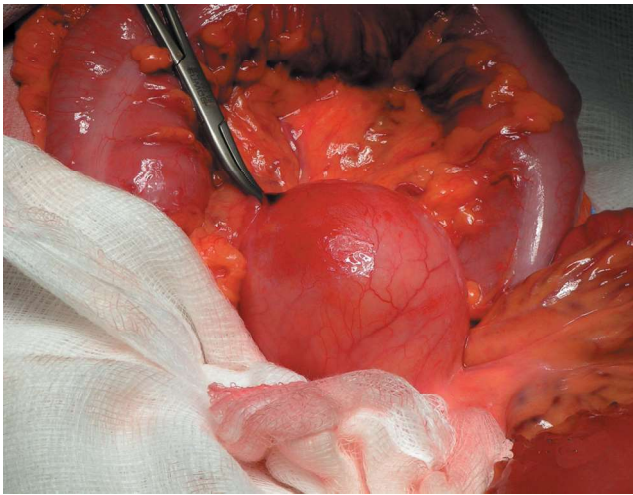


Figure 4 Operative finding of the cyst in relation to the transverse colon and the jejunum



Figure 5 Cyst after removal

- failure of the embryonic lymph channels to join the venous system
- trauma
- neoplasia
- sequestration of retroperitoneal lymph spaces analogous to cystic hygroma in the neck
- degeneration of lymph nodes⁽⁵⁾

Mesenteric cysts can occur anywhere in the mesentery of the gastro intestinal tract from the duodenum to the rectum. The majority of them are sited in the small bowel, with a minority in the retroperitoneum⁽²⁾. The majority of cysts in the small bowel are found in the ileal mesentery, while most of those in the large bowel are located in the mesentery of the sigmoid colon⁽¹⁾. A mesenteric cyst can be diagnosed as an incidental finding but may be presented in different ways, such as abdominal pain, bowel obstruction, or even an acute abdomen due to rupture or infection or haemorrhage within the cyst. Malignant transformation of mesenteric cysts can occur in adults only⁽¹⁾.

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