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Case Report

Sigmoid mesocolon cyst : Case report.

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Abstract

Mesenteric cysts are uncommon incidence benign abdominal mass and occur in patients of any age. Approximately one third of patients with these lesions are children.They may be asymptomatic but may present with pain abdomen or abdominal mass and sometimes with complications like acute abdomen.They commonly originate from any mesentry from duodenum to rectum.They may extend from the base of the mesentery into the retro-peritonium. A mesenteric cyst originating in the sigmoid mesocolon is a very rare finding. Here we present a case of mesenteric cyst located in the sigmoid mesocolon of a 5 yrs female child with abdominal pain and lower abdominal lump.

Keywords: Mesenteric cyst, Sigmoid mesocolon, Child.

Introduction

Meseteric cysts are rare intra-abdominal lesions that may vary in presentation from an asymptomatic mass to an acute abdomen.They can occur in the mesentery anywhere along the gastrointestinal tract from the duodenum to the rectum.[1] In a through review Kurtz and collegues found that 60% located in the small bowel mesentery, 24% in large bowel mesentery and 14.5% in the retro-peritonium.[2] The most common location is ileal mesentery. In the colonic mesentery cyst occur most commonly in the sigmoid mesocolon. Omental cysts are located in the lesser or greater omentum. Mesnteric cysts are 4.5 times more common than omental cysts.They are a rare cause of abdominal pain and are discovered incidentally. If symptomatic patient present with abdominal pain, vomiting, low backache and sometimes present with complications such as acute abdomen.

Case Report

A 5 year old girl presented with mild pain abdomen for 15 days along with lower abdominal lump for 10 days. She had no vomiting, no fever and no symptoms referable to bowel and bladder. She was immunized and history of normal home delivery. Her pulse was 78 beats/min, BP 95/65 mm of Hg. Her abdominal examination revealed a firm non tender lump in the lower abdomen which was less mobile. Clinically a diagnosis of ovarian cyst was entertained with a mesenteric, omental cyst being the other possibilities. Her Hg was 11 gm % and blood group is O^+ve. USG of the whole abdomen reveals a multiseptated cystic mass with internal thick contents are noted at lower abdomen (measuring about 9.67 cm x 6.14 cm) with extension on either side of the mid line. Exact origin of the mass could not be ascertained (Fig-1). We decided for operative treatment, on laparotomy we find a cystic swelling arising from sigmoid mesocolon (Fig-1). Cyst was present within two layers of sigmoid mesocolon separated from sigmoid colon. The cyst was totally excised with out any injury to the surrounding structure. (Fig-2). Tissue from cyst wall send for histopathological examination and diagnosed as benign cystic lesion. (Fig-3). Post operative recovery was unevenful. Patient came for follow up 2 times, she was alright.

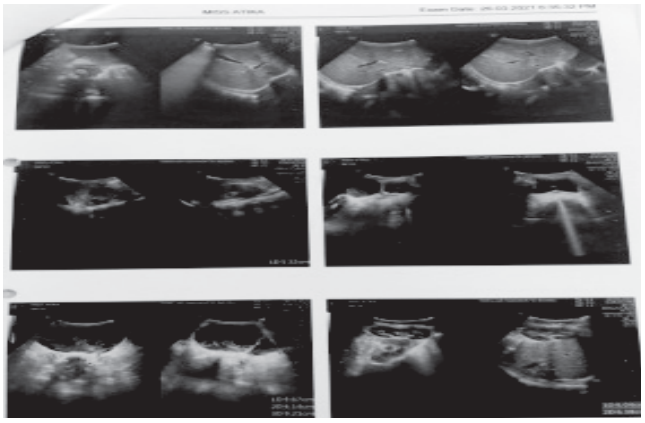

Fig-01

Fig-02

Fig-03

Discussions

Mesenteric cyst is defined as any cyst located in the mesentery, it may or may not extend into retro-peritonium.It is a rare cystic disease that occur within the abdominal cavity with a prevalence of 1:100000 to 2500000 among adult hospitalised patients.[3] Modern series show that nearly one third of mesenteric cysts occur in children younger than 15 yrs and that one fourth occur in patients younger than 10 yrs. Mesenteric cyst was first descrived by Benevieni,a Florentine anatomist, in 1507.[4] French surgeon Tillaux performed first successful resection of cystic mass in the mesentery in 1880.[4] The aetiology of mesenteric cyst is variable. They usually arise from failure of lymph nodes to communicate with the lymphatics or venous system or blockage of draining lymphatics as a result of trauma, neoplasm or infection.[5] Beahrs and colleagues.[6] first classified mesenteric cysts into embryonic/developmental, traumatic, neoplastic and infective/ degenerative cyst. More accepted and recent classification given by Ross et al,[7] a histological classification correlated with the radiological findings are lymphatic origin (lymphangioma), mesothelial origin (mesothelial cyst), enteric origin (duplication cyst) and urogenital cysts,cystic teratoma (dermoid) and nonpancreatic pseudocysts (traumatic and infectious). The clinical presentation of mesenteric and omental cysts can very from an incidental finding during laparotomy performed for another reason to an acute life-threatening intra-abdominal catastrophe. Sometime it may present as recurrent mild abdominal pain with abdominal distention. It may also present as abdominal lump with or without abdominal pain. Performing a through physical examination and conducting radiological investigation such as USG and CT abdomen are the key to diagnosis. Complications of mesenteric or omental cysts includes intestinal obstruction, volvulus, haemorrhage into the cyst, infection, torsion. Rupture of the cyst, obstruction of the urinary or biliary tract and malignancy. In adults chance of malignancy is 3% but in children no report of malignancy seen. Surgery is the cornerstone of management of a mesenteric cyst but surgery for a sigmoid mesocolon cyst can be complicated due to its

close relation with the iliac vessels and ureter apart from the bowel wall. Complete excision of the cyst is the goal of surgery, sometime intestinal resection may or may not required. The laparoscopic approach to resection of mesenteric cysts was first described by Mackenzie in 1993.[8, 9]

Conclusion

Siogmoid mesocolon cyst is very rare.Early recognition and appropriate treatment of the cyst are associated with good prognosis. Long term follow up is adviseable because of the possibility of recurrence.

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