

Ultrasonography: Jejunal loops appear clumped and are seen in left para umbilical region, normal in diameter with sluggish peristalsis. Mild ascites present.

6. Intraoperative findings and further investigations:

A. Severe inter bowel and peritoneal adhesions.
B. Supracolic area could not be entered due to dense adhesions.

C. Intracolic loculated cyst formation in the peritoneal sac with cocooneal small bowel mass (bowel wall thickened) with multiple cyst.

Uterus and ovary palpable inside the cyst. (S/O loculated ascitis) - left ovarian cyst



Figure 2



Figure 3

7. Histopathology

Gross: Specimen of capsule covering the bowel consists of single fibrofatty piece of tissue measuring 2x1x0.5cm

Specimen of omentum consists of single reddish white flap of tissue measuring 2x1x0.3cm

Microscopy: Section of capsule covering the bowel showed fibrofatty tissue along with lymph node showing features of reactive lymphadenitis. No evidence of granuloma/atypia. Section of omentum showed large number of congested blood vessels and chronic non-specific inflammatory infiltrate and mild fibrosis.

8. Discussion

Bowel obstruction is a common surgical emergency. However, at times, unusual cases of bowel obstruction such as abdominal cocoon (AC) may be encountered⁶. In this condition, a whitish, thickened membrane encapsulating the small bowels as a 'cocoon' is seen on laparoscopy (Figure 2&3). Early postoperative small bowel obstruction is a potential complication of extensive adhesiolysis. Therefore, special intraoperative care including gentle tissue dissection, careful haemostasis and thorough peritoneal cleansing should be taken.

The long-term prognosis of abdominal cocoon syndrome is usually favorable. [4] In our case, laparoscopy was a useful tool both for the definitive diagnosis and the treatment of this condition, leading to a favorable postoperative outcome.

9. Conclusion

A contrast based computed topography or a diagnostic laparoscopy along with clinician awareness especially in adolescent females, proves to be a helpful aid for pre-operative diagnosis. Since etiology of this disease is unknown and it is found mostly in adolescent girls it must always be kept as a possible diagnosis.

10. References

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