A 47 year old man presented with complaints of vague intermittent lower abdominal pain and low backache since 2 months. He had no history of abdominal distension, vomiting, diarrhoea, melena, mucoid or bloody stools. Bladder and bowel habits were normal. Vitals were stable and other systemic examinations were normal. On local examination, tenderness present on deep palpation in right iliac fossa. There were no abnormalities in the per-rectal examination.

INVESTIGATIONS:
- Laboratory investigations showed Hemoglobin of 10.3 grams/dl, ESR-26 mm/1 hr.
- Serum glucose, liver function tests, blood urea, serum creatinine were normal.
- USG abdomen showed a hypoechoic lesion in right flank below right kidney, 8 x 5 cm.
- CECT abdomen axial and coronal sections showed a cystic lesion with thin enhancing wall showing loculations and enhancing intervening thin septae measuring 6.1 x 5.4 cm near ileocaecal junction.

TREATMENT:
Laparotomy via lower midline incision was performed. Intraoperative findings were 8cm x 6cm mass with both solid and cystic components present in the sigmoid mesocolon close to its mesenteric border sharing a common blood supply with the segment of the sigmoid colon. The Caecum was found adherent to the mesentry of sigmoid. Small bowel mesentery and sigmoid mesentery were adherent to each other. The cystic mass along with a part of the sigmoid colon and its mesentery was resected and intestinal continuity was restored with a colo-colic anastomosis.

OUTCOME:
Post-operative recovery was uneventful. Histopathology evaluation revealed a benign mucinous mesenteric cyst with wall of a cyst lined by tall columnar mucin secreting cells with focal collection of lymphomonomuclear infiltrate in the wall.

DIFFERENTIAL DIAGNOSIS
- Lymphangiomata
- Mesenteric cyst
- Retroperitoneal cyst
- Hydatid cyst

DISCUSSION:
- Mesenteric cyst is a rare cystic disease that occurs within the abdominal cavity with a prevalence rate of 1 per 1,00,000 to 2,50,000 among adult hospitalised patients. They are a rare cause of abdominal pain and are discovered incidentally. If symptomatic, patients with these cysts present with abdominal pain, vomiting and low backache. Performing a thorough physical examination and conducting radiological investigations like ultrasonography (USG), computed tomography (CT) are keys in diagnosing the mesenteric cysts.

KEYWORDS:
- Mesenteric cyst
- Sigmoid mesocolon
- Laparotomy
- Histopathology