

## A RARE CASE PRESENTATION OF SCLEROSING ENCAPSULATING PERITONITIS

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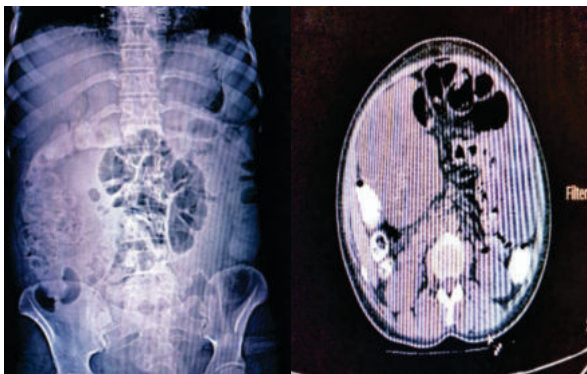
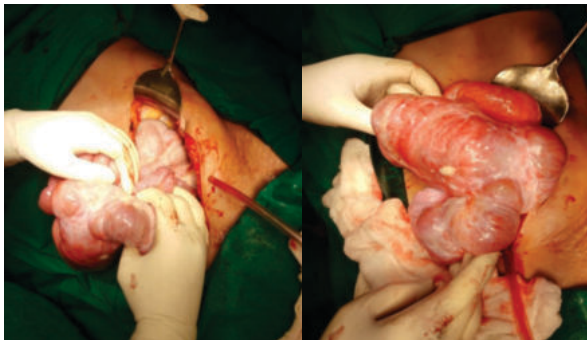
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### KEYWORDS :

#### INTRODUCTION

- Adhesion, stricture and obstructed hernia is common cause of Intestinal obstruction & common surgical emergency
- Primary Sclerosing Encapsulating Peritonitis is also known as "Abdominal Cocoon Syndrome" or "Peritonitis Chronica Fibrosaincapsulata"
- It is very rare cause of intestinal obstruction & seldom diagnosed with histopathological confirmation & CECT Abdomen finding
- It is characterised by encapsulation of small bowel by fibro collagenous membrane leading to acute or chronic intestinal obstruction.

#### CASE REPORT



- A 28-year-old Hindu married Female coming from lower socio-economic class admitted with chief complain of Diffuse abdominal pain, abdominal Distension & vomiting
- On Physical examination of abdomen was distended & nontender. No Palpable lump or mass found on examination
- There was no any previous history of similar episode in past & Hyperperistaltic bowel sound heard on Auscultation. Her vitals were within normal limits
- Routine Blood and Radiological studies like XRAY & USG done which suggestive of Small intestinal obstruction
- Plain radiograph of the abdomen in supine posture revealed mildly dilated small bowel loops in the mid-abdominal region
- Abdominal ultrasonography revealed clustering of the

small bowel loops in the mid-abdominal region with mild interloop ascites was also noted. Right side ovarian cyst noted as incidental finding on ultrasonography. CECT abdomen was done suggestive of Intestinal obstruction

- Patient managed conservatively up to 48hrs with resuscitation measures like Ryle's tube aspiration, IV fluids and Antibiotics. Patient had no any symptomatic relief & persistent of Intestinal obstruction
- It was decided to do exploratory laparotomy
- On opening abdominal cavity, Gross examination revealed small intestinal loops wrapped with a thick fibrous membrane.
- Considerable length of the jejunum and ileum was found encased in a whitish, thickened membrane, which was resected. Appendix and Large intestine found normal on examination.
- The Fibrous tissue took as Biopsy for Histo-Pathological Examination suspecting to be Tuberculous aetiology
- Underlying Intestinal loops found slightly oedematous. Right side ovarian cyst was found which was removed intraoperative.
- The procedure lasts for 1 hour and 30 minutes & there were no surgical complications intraoperatively.
- Antitubercular medication was started in postoperative period. Her postoperative recover was satisfactory.

#### DISCUSSION

- It was first described by foo et al & named it as **Abdominal Cocoon**
- It is condition characterized by total or partial encasement of small bowel by fibro collagenous cocoon like sac.
- Sclerosing encapsulating peritonitis is two types.
  - Primary
  - Secondary
- Several hypotheses proposed aetiology of primary form but remain uncertain.

#### CAUSES OF SECONDARY FORM

- Prior abdominal surgery or Peritonitis
- History of ventriculoperitoneal and Peritoneovenous shunts
- Peritoneal Dialysis
- Sub lupus erythematosus
- Tuberculosis
- Use of B-blocker drugs
- Use of Povidone Iodine in peritoneal wash
- The patient may present with signs and symptoms of acute, subacute or chronic intestinal obstruction, abdominal distension or a mobile abdominal mass. The classic barium finding, described by Sieck *et al.*, is a serpentine or concertina-like configuration of dilated small bowel loops in a fixed U-shaped cluster or a "cauliflower sign," but these are nonspecific.
- It is mostly seen in young girls without any obvious cause of intestinal obstruction with presentation of abdominal pain & vomiting. On Palpation soft nontender palpable mass feel on examination.

- CECT Abdomen finding are not Pathognomic. Typical finding of abdominal cocoon on CT is a concentration of a part of or the entire small bowel in the centre of the abdomen encased by a soft tissue density. Other CT features that may be seen include signs of obstruction, fixed and adherent intestinal loops, bowel wall thickening.
- Histopathological examination of the encapsulating membrane persistently shows thickened vascular fibrocollagenous tissue with or without chronic inflammatory reaction evidenced by lymphocytic and plasma cell infiltrates.

### CONCLUSION

In cases of Intestinal obstruction presenting as surgical emergency, the diagnosis of Abdominal Cocoon syndrome kept in mind. It is rare acquired condition involving encapsulation small bowel & diagnosis requires high index of suspicion because of nonspecific clinical features. Peritoneal sac excision and adhesiolysis is treatment of choice & outcomes is usually satisfactory.

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