



Incidental Peritoneal Mouse With Chronic Calculous Cholecystitis

KEYWORDS

Peritoneal mice; Pelvic mass; Incidental; Appendices Epiploicae

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ABSTRACT Peritoneal mice or Peritoneal loose bodies (PLBs) are rare asymptomatic lesions. We report a case of Giant peritoneal loose body or peritoneal mouse incidentally found in the pelvis of a 53 year old man with chronic calculous cholecystitis. Preoperative evaluation for pelvic mass was inconclusive. He underwent Exploration and Cholecystectomy. A freely mobile mass resembling boiled egg was found in pelvis.

Introduction

Giant PLBs are uncommon, benign, asymptomatic lesions usually incidentally found.[1-5] Formed due to torsion and infarction of appendices epiploicae, they detach and grow to giant proportions due to retention of peritoneal fluids, forming mobile masses in pelvis [1-3,6-8]. Surgical exploration done in lesions suspected to be tumors during preoperative evaluation or in lesions causing symptoms [3,4,8].

Case Report

A 53 year old man was referred with pain in right upper abdomen for 6 months. Ultrasonography revealed Multiple Gall bladder calculi and 4.7 x 4.5 cm well defined soft tissue lesion with interior hyperechoic calcification in Left Pelvis, separate from bowel, non specific mesocolic lesion. CT reported as Chronic calculous cholecystitis with 5.5 x 5 cm well defined soft tissue lesion in Left Pelvis, benign mesodermal mass lesion.[Fig 1: a,b].

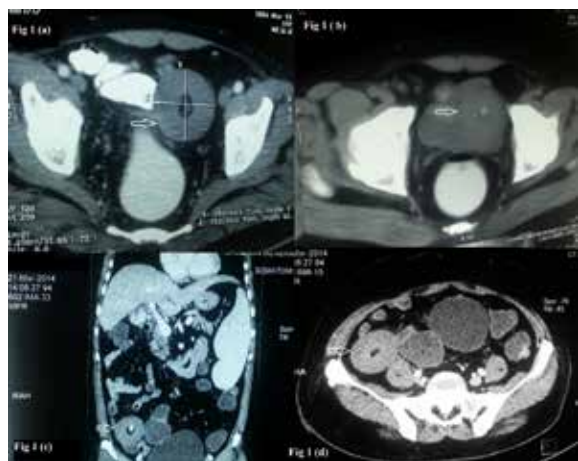


Fig 1[a,b] Mass in Left Pelvis separate from bowel and bladder.[c,d] Same mass in Right Iliac fossa

On evaluation in our institute Laboratory investigations were normal. Contradictory to previous reports, ultrasonography revealed Multiple Gall Bladder calculi and soft tissue lesion in Right Pelvis. Hence repeat CT done which revealed Gall bladder calculi and 6 x 4.7 cm well defined isodense soft tissue lesion with central areas of calcification, in Right Iliac Fossa, mostly dermoid. Fat planes between adjacent bowel and bladder were separate. Lesion

did not appear to originate from any adjacent organs. [Fig 1: c,d]

Patient underwent Exploratory laparotomy and Cholecystectomy. A 5.5 x 5.0 cm round, firm mass freely lying in left Pelvis was found, not arising from any particular organ .

Grossly, the mass was firm with smooth glistening surface and resembled boiled egg. No other mass lesion was found.

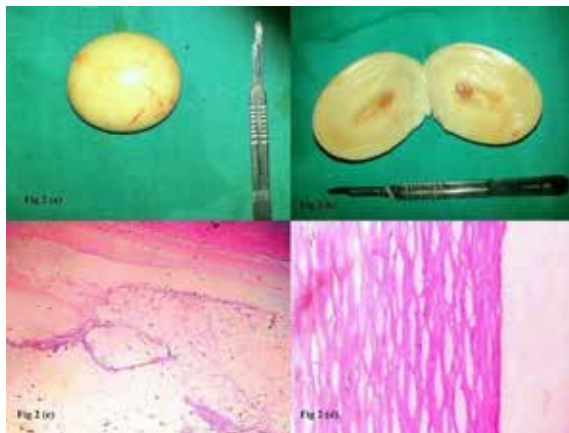


Fig 2:[a] Gross specimen resembling boiled egg. [b] Cut surface. [c] Inner nucleus of necrotic material with fat spaces. [d] Outer hyalinised thick wall.

Cut surface showed appearance of cut boiled egg with outer firm white shell and inner nucleus of yellow cheesy material. Histopathology revealed densely hyalinised thick wall with areas of calcification and attenuated endothelial lining with few fat spaces reported as Infarcted Appendices Epiploicae.

Postoperative period was uneventful.

Discussion

Giant PLBs presenting as mobile peritoneal masses are extremely rare [2,8]. They are mostly found freely floating in the pelvis [2,8]. Most commonly believed hypothesis for the formation of PLBs is torsion and infarction of Appendices epiploica followed by ischemia, saponification and calcification. The pedicle of epiploica atrophies and detaches from colon to form PLB. Eventually it grows due to reten-

tion and accumulation of peritoneal fluid [1-3,7,8].

Asymptomatic PLBs are found incidentally during surgery [2,4,5]. If found during preoperative work up for unrelated conditions, they are often mistaken for tumors [1,2,7]. Exploration is carried out suspecting neoplastic lesions as specific diagnosis is not established preoperatively [6]. Few such cases are reported in literature [1,3]. Most of the giant PLBs were found incidentally during laparotomy for unrelated conditions.

Conclusion

Giant PLBs are incidentally found and rarely diagnosed preoperatively. Diagnosis of PLBs should be considered in cases where imaging modalities show mobile pelvic masses with central calcifications & well preserved fat planes all around. Exploration is carried out suspecting neoplastic lesions.

Informed consent was obtained from the patient.

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