ORIGINAL RESEARCH PAPER
Volume-9 | Issue-4 | April-2020 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

MESENTERIC CYST IN A 3 ½ YEAR OLD : A CASE-REPORT

General Surgery

Dr Raheel Hussan* Senior Resident, Department of Surgery, GMC, Jammu *Corresponding Author

Dr Aditi Parimoo Post Graduate Student, Department of Medicine, GMC, Jammu

ABSTRACT

Mesenteric cysts are rare intra-abdominal lesions with a varied clinical presentation. It's incidence is even lower in the paediatric population. We report a case of 3 ½ year old male with a large mesenteric cyst in the small bowel mesentry. This case prompts discussion due to its rare incidence in the paediatric population and it's relatively larger size in this age group.

KEYWORDS

INTRODUCTION :

Mesenteric cysts are rare intra-abdominal lesions with a wide clinical presentation ranging from completely asymptomatic lesions to lesions causing acute abdomen in patients. Preoperative diagnosis is often elusive because of the vast range of clinical presentation. CT scan of the abdomen is the diagnostic modality of choice. It describes the location, size and possible contents of the lesion. Resection of the cyst with or without the involved bowel is the treatment modality of choice.

This case has been presented in view of the rarity of presentation in the paediatric population and its relatively larger size in this population.

CASE HISTORY :

A 3 ½ year old male presented to the surgery OPD with chief complaints of gradual abdominal distension for the past one year. There was no history of abdominal pain, vomiting, constipation, loose motions or yellowish discoloration of skin and sclera. General physical examination was normal and his vitals were stable at the time of presentation. Per abdomen examination revealed an abdominal lump about 20 x 15 cms in size. The mass was freely movable and intraperitoneal. His investigations including a complete blood count, renal function tests and liver function tests were sent and came out to be normal. A contrast-enhanced CT of the abdomen was done which showed a large multiloculated cystic lesion involving multiple compartments of retroperitoneum causing significant compression and displacement of other abdominal organs having variable attenuation loculi, thin septae and few tiny septal and wall calcifications within, which were likely suggestive of a large retroperitoneal lymphangioma. The patient underwent exploratory laparotomy. Intraoperatively, a large mesentric cyst of the size of 25 x 20 x 10 cm, dumbbell shaped was seen arising from the mesentry of the ileum. Resection of the involved bowel along with the cyst was done. Anastomosis of the ileum was done subsequently. Histopathology of the mesentri cyst showed a single layer of epithelial lining. The final pathological result was that of a chylous mesenteric cyst. Post-operative period remained uneventful and the patient was discharged on the seventh post-operative day on oral antibiotics.

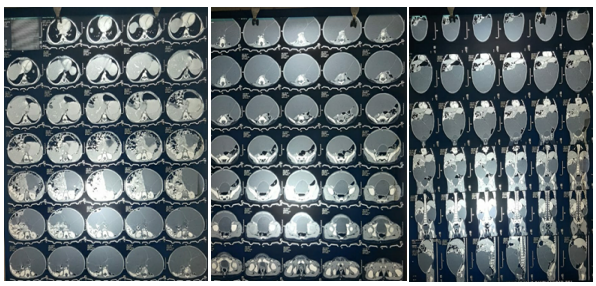

Fig 1: CECT Abdomen showing a multiloculated cystic lesion

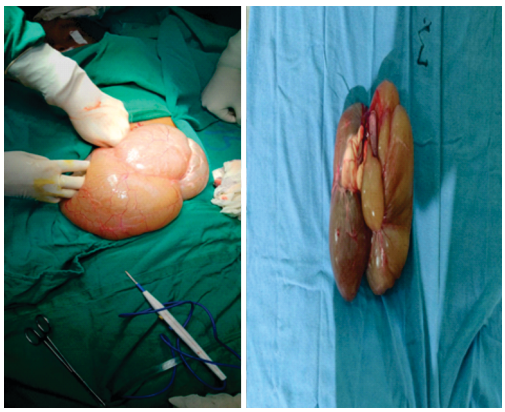

Fig 2: Mesentric cyst resected intraoperatively

DISCUSSION :

Mesentric cysts are rare intra-abdominal lesions with a varied clinical presentation ranging from asymptomatic lesions to acute abdomen.(1) Due to the same reason, pre-operative diagnosis is correct in only a few patients.(2) There is a wide range of age of clinical presentation with the highest incidence in the fourth decade of life. (3) Presentation in children less than 10 years of age is usually delayed. (2) Our patient was aged 3 ½ years at the time of presentation. Mesentric cysts have a variable size ranging from a few centimeters to over 10 centimetres in the paediatric age group. (4) The size of the cyst in our patient was quite large, that is, about 25 X 20 X 10 cms. Small bowel mesentry is the most common site (5), of which half are found in the ileal mesentry. (2)(6). Due to the risk of secondary complications like torsion, hemorrhage, obstruction or infection, complete excision of the cyst with or without bowel resection is the procedure of choice.(1)(2)(7)

CONCLUSION :

Mesenteric cysts are rare intra-abdominal lesions having a varied clinical presentation. It's incidence varies from 1 in 27,000 to 1 in 250,000 admissions in different series. (1) Their presentation is often delayed in patients less than 10 years of age. Resection of the cyst is the treatment of choice. Laparoscopic resection is associated with a longer intraoperative time. However, post-operative pain and hospital stay has been reported to be lower.

Pre-operative work up includes CT scan of the abdomen for determining the size, location and anatomy of the lesion. Surgery is the treatment of choice and is advisable to prevent complications such as torsion, rupture or hemorrhage.

REFERENCES

1. Tan JJ, Tan KK, Chew S. Mesentric cysts: An institution experience over 14 years and review of literature. Wor J Surg. 2009;33:1961-5.
2. Kurtz RJ, Heimann TM, Beck AR et al. Mesentric and retroperitoneal cysts. Ann Surg 203:109-12.
3. Alwan MH, Eid AS, Alsharif IM. Retroperitoneal and mesenteric cysts. Singapor Med J. 1999;40:160-4.

4. Richard RR. Mesentric and omental cysts. In:Grosfeld JL, O'Neill JA Jr, Coran AG, Fonkalsrud EW, eds. Paediatric surgery. 6th ed. Philadelphia: Mosby Elsevier,2006:1399-406.
5. Yoon JW, Choi DY, Oh YK et al. A case of mesenteric cyst in a 4-year old child with acute abdominal pain. Pediatr Gastroenterol Hepatol Nutr. 2017;4:268-72.
6. Liew SC, Glenn DC, Storey DW. Mesentric cyst. Anz J Surg 1994.64:741-4.
7. Hassan M,DobrilovicN, Korelitz J. Large gastric mesenteric cyst: case report and literature review. Am Surg 2005;71:571-3.