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CYST OF MISCHIEF: AN UNCOMMON PRESENTATION OF A COMMON ENTITY

General Surgery

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ABSTRACT

Abdomen is usually called as pandora's box because of presence of various organs and complex mechanism of their function. Mesenteric cysts are rare tumors, they can emerge from any part of the mesentery of the bowel from duodenum to rectum[1]. Because of variable and non-specific clinical symptoms and signs, they are discovered either accidentally during radiological examinations for other reason or during Laparotomy for the management of one of the complications[2]. Complete excision of cyst is the treatment of choice[2].

KEYWORDS

Mesenteric cyst, Excision.

INTRODUCTION

Mesenteric cysts are rare benign intra- abdominal tumours with an incidence of 1 case per 250,000 hospital admission[2].
Diagnosis is extremely difficult since its symptomatology can resemble any abdominal disease [3]. Surgery is the treatment of choice, as a completeresection with negative borders is curative and prevents recurrence [4].

Case Report

A 69yrs old male patient came to outpatient department with complaints of easy fatiguability, weight loss and loss of appetite and fullness in the abdomen since 3 months.There was no history of fever, vomiting, jaundice, maleana, haematemesis,bleeding per rectum, dysuria, haematuria, chronic cough, haemoptysis, bony pains, seizures or worm infestation. There was no family history of similar disease or malignancy.

On examination vital parameters found to be normal with no evidence of pallor, icterus, clubbing, cyanosis, pedal edema and lymphadenopathy.

On per abdomen examination, abdomen was found to be normal in shape with corresponding quadrants moving equally with respiration, soft, non tender, no gaurding/rigidity, and bowel sounds heard, Per rectal examination was within normal limits.

Investigation:

Chest Xray and Erect Xray abdomen appeared normal
Ultrasonography of abdomen and pelvis revealed E/O relatively well defined anechoic cystic lesion measuring 15×7×15cm with thin internal septations within located anterior to Abdominal aorta predominantly occupying umbilical and bilateral lumbar quadrants not taking internal vascularity in color/power doppler. Impression was given as ?Pseudocyst of pancrease - Retroperitoneal location.

Contrast enhanced CT scan was done and it showed the following findings - A large, irregular shaped, thin walled, unilocular, fluid attenuating collection measuring ~9.9*12.7*21.5cm noted with in the small bowel mesentry.

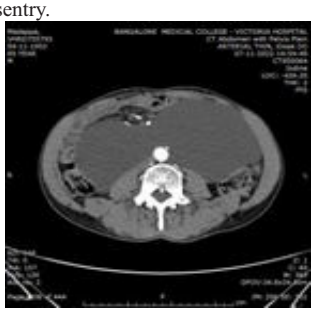

Figure 1. CECT Cross sectional image showing mesentric cyst

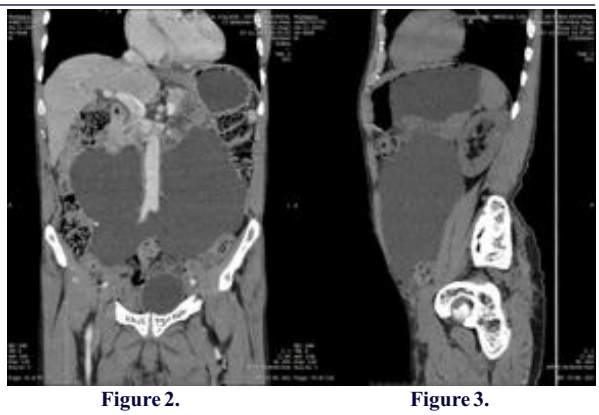

Figure 2. **Figure 3.**
CECT Sagital section showing relations of cyst

Relations:

Anterior: related to/ abutting SMA and it's branches, SMV,TC and small bowel loops and abutting Anterior abdomen wall in left lumbar and iliac region.
Posterior: Abutting the abdominal aorta, both common iliac arteries, IVC, renal vessels, lower pole of both the kidneys, b/l psoas muscle , IMA & IMV Posterolateral: abutting ascending and descending colon, right posterolaterally ileocolic and right colic vessels.
Superior: D3, D-J flexure, Splenic and Hepatic flexures
Inferior: Right external iliac vessels and small bowel loops

Treatment:

Based on Radiological examinations, A diagnosis of mesenteric cyst was made.

Exploratory laparotomy was performed and a 25×15×15cm cyst identified within the mesentery of small bowel just anterior to the abdominal aorta. Marsupialization of cyst was done. Histopathological examination of cyst wall showed - wall lined by benign flattened epithelium with no evidence of malignancy or granuloma.

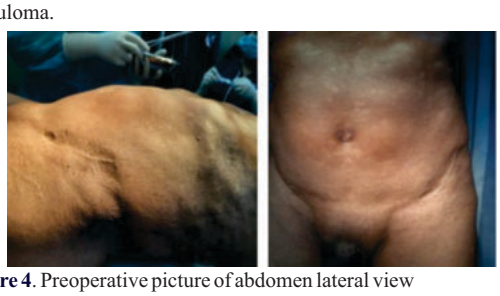

Figure 4. Preoperative picture of abdomen lateral view
Figure 5. Preoperative picture of Abdomen in Supine

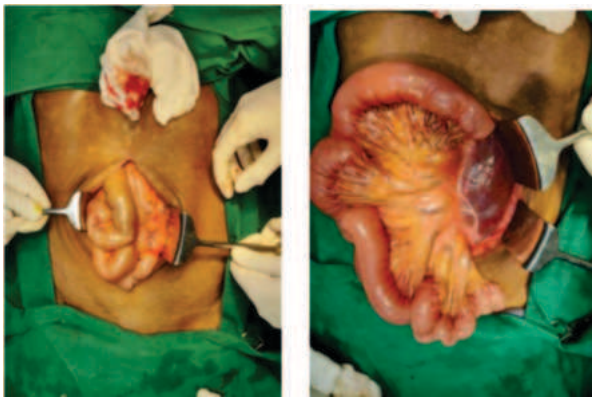

Figure 6. Intra operative pic showing small bowels as soon as opening peritoneum

Figure 7. Intra operative pic of mesenteric cyst

Figure 8. Mesenteric cyst with intact cyst wall being separated from mesentery

DISCUSSION :

A mesentric cyst is defined as any cyst located in the mesentery, may or may not extend into the retroperitoneum, which has a recognizable lining of endothelium or mesothelial cell[(2)]. The etiology of mesenteric cysts is unclear, but a failure of the lymph nodes to communicate with the lymphatic or venous systems or the blockage of the lymphatic system as a result of previous pelvic surgery, trauma, pelvic inflammatory disease, infection, endometriosis, or neoplasia have been suggested as contributing factors[5].The most accepted theory, proposed by Gross, is benign proliferation of ectopic lymphatics in the mesentery that lack communication with the remainder of the lymphatic system.[2, 6].

Mesenteric cysts are mostly benign lesions but malignant transformation into lymphangiosarcoma, malignant teratoma or even adenocarcinoma has also been reported.[7]

In 1950, BEARS et al. [(8)] were the first to classify mesenteric cysts into four categories: (i) embryonic and developmental cysts, (ii) traumatic cysts, (iii) neoplastic cysts, and (iv) infective and degenerative cysts.

Later, ROS et al. [(9)] introduced a histological classification that included five types of cysts, with corresponding radiological features: (i) lymphangiomas, (ii) enteric duplication cysts, (iii) enteric cysts, (iv) mesothelial cysts, and (v) non- pancreatic pseudocysts. Based on this updated classification, the patient in question was diagnosed with a mesenteric lymphangioma.

Mesenteric cysts are sometimes referred to as "cysts of mischief" because, although they are typically benign (non-cancerous) and asymptomatic, they can often go unnoticed for long periods and cause problems that are difficult to diagnose until they become symptomatic. Their symptoms can mimic other, more serious conditions, and they might suddenly cause issues such as abdominal pain, bowel obstruction, or even infection if they grow large or become twisted.

The term "cyst of mischief" plays on the idea that these cysts can be sneaky or unpredictable— seemingly harmless at first but capable of causing trouble or mischief when they do present symptoms. This nickname reflects the fact that, although they arerelatively rare and generally benign, they can cause significant medical challenges when they cause complications.

Conflict Of Interest : The authors declare that there are no conflict of interest regarding the publication of this paper.

Patient Consent : Obtained

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