

CASE REPORT

BENIGN MULTICYSTIC PERITONEAL MESOTHELIOMA MIMICKING TORSION OVARIAN CYST – A RARE CASE REPORT.

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ABSTRACT: Benign multicystic peritoneal mesothelioma (BMPM) is a rare tumour characterized by multiple, thin walled multilocular intra abdominal cysts. We report a case of 28 year old woman who presented with acute abdominal pain and vomiting for two days; clinically diagnosed as torsion ovarian cyst. Emergency laparotomy was done; intraop and histopathological findings revealed benign peritoneal mesothelioma. BMPM is characterized by low malignant potential and high recurrence rate. Cyto reductive surgery is the treatment of choice.

INTRODUCTION: Benign multicystic peritoneal mesothelioma is a rare tumour that occurs mainly in women in their reproductive age group. It is characterized by formation of multiple, thin walled, multilocular cysts that frequently produce large, intra abdominal masses.¹ We report a case of 28 year old woman who presented with acute abdominal pain mimicking torsion ovarian cyst, later diagnosed as benign peritoneal mesothelioma.

CASE REPORT: 28 year old primipara presented with complaints of acute onset lower abdominal pain of 2 days duration to OPD. She had 2 episodes of vomiting. There was no history of fever. Her last menstrual period was 2 weeks back. Past medical history was unremarkable. On general examination, there was no pallor; vital signs were stable. Abdominal examination revealed lower abdominal tenderness. There was no guarding or rigidity. No mass was palpable. Per speculum examination was normal. Per vaginal examination revealed boggy in the left lateral vaginal fornix. Lab investigations were within normal limits. Urine pregnancy test was negative. Provisional diagnosis of torsion ovarian cyst was made. Ultrasound abdomen & pelvis revealed a multiloculated cystic mass in left adnexa, suggestive of left ovarian cyst; possibly torsion.

In view of acute abdomen, emergency laparotomy was done. There was difficulty in opening the parietal peritoneum. Multiple loculations containing straw coloured fluid were seen in the peritoneal cavity. Surgeon was called upon. Adhesions were released, cyto reductive surgery was done. Uterus and bilateral adnexae were found to be normal. Pelvic drain was placed. Abdomen was closed in layers after ensuring hemostasis. Post operative period was uneventful. Histo-pathological examination report showed benign peritoneal mesothelioma. On a followup period of one year, there were no recurrences.

DISCUSSION: Benign multicystic peritoneal mesothelioma (BMPM) also known as multilocular inclusion cysts, is an uncommon lesion arising from the peritoneal mesothelium that covers the serous cavity.² The aetiology is still unclear and is not related to prior asbestos exposure unlike malignant peritoneal mesothelioma. BMPM was first described by Mennemeyer and Smith in 1979. The lesions mostly occur in the reproductive age group and in 30% of women with history of prior

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abdominal surgery; endometriosis or PID.³In our patient, there was no prior abdominal surgery, endometriosis or PID.

Precise diagnosis is difficult as presenting features are obscure. Diagnosis by preoperative imaging is rare. Ultrasound demonstrates multiseptated anechoic cysts; sometimes containing debris or haemorrhage.⁴ The presence of thin walled cyst attached to the peritoneum should alert physicians to the possibility of this disease. Differential diagnoses include lymphangioma, mesenteric / omental cysts, cystic teratoma, pseudo myxoma peritonei, cystic smooth muscle tumours, visceral cysts, endometriosis, cystic mesonephric duct remnants, cystic mucinous neoplasms of pancreas, non pancreatic pseudocysts. If seen solely in the pelvis, the differential diagnoses include tubo-ovarian abscess, hydrosalpinx, cystic ovarian neoplasms and cystic endosalpingiosis.⁴ The treatment is complete resection; re-excision may be required due to the preponderance of local recurrence.⁵ Cyto reductive surgery with peritonectomy is recommended. Hormonal therapy, sclerotherapy have been tried with varied success. Some authors reported effective intraperitoneal chemotherapy, but no clinical study is available about long term outcome.⁶

Although mesothelioma is a rare tumour, it is important for all gynaecologists to recognize its existence, the appearance of this lesion and its generally benign course.⁷ Malignant transformation is very rare. The short term prognosis is favourable, but there is a high recurrence rate.

CONCLUSION: Benign multicystic peritoneal mesothelioma (BMPM) is a rare peritoneal tumour with low malignant potential and high recurrence rate. Cyto reductive surgery is the treatment of choice.

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