A CASE OF A MESENTERIC CYST IN THE SIGMOID COLON MESENTRY

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ABSTRACT: Mesenteric cysts are not uncommon in pediatric age group but giant lymphatic cysts of mesentery are reported infrequently. This is a report of 18 months old child who had distension of abdominal and anemia since three months. Investigations revealed E/O lymphatic cyst? Mesenteric cyst? Large cystic mass in abdomen. On exploration large lymphatic cyst in the mesentery of sigmoid colon found. The cyst was multilocular and appeared to be the collection of lymph (chyle) between the mesentery of sigmoid colon. It is postulated malformation of lymphatic at the root of mesentery might have lead to this pathology.

KEYWORDS: Lymphatic cyst, Mesenteric cyst, Lymphatic malformation, Abdominal mass.

INTRODUCTION: Mesenteric cysts are not uncommon in pediatric age group but giant lymphatic cysts of mesentery are reported infrequently:

- Mesenteric cyst is a term applied to any cyst found in mesentery.¹
- Lymphatic cyst is a type of mesenteric cyst which is of lymphatic origin.
- It is usually a benign lesion. A closely related pathology is cystic hygroma which is also of lymphatic origin.²

Clinical Examination & Case History: 18 Month old child presented with history of abdominal distension. Patient was examined and investigated. All base line blood investigation are within normal limits. Ultrasonography and Contrast CT scan of Abdomen suggestive of Lymphatic cyst / Mesenteric Cyst.

Investigation: CT abdomen: 20 X 15 CM Cystic lesion s/o LYMPHATIC CYST / MESENTRIC CYST **Image:** 1

Treatment: Excision of cyst along with segmental resection anastomosis of involved sigmoid colon done. Intra operatively the size of cyst was 20X15 cm. Apex of the lesion was extending in root of inferior mesenteric vessels.

Image: 2, 3, 4.

Histopathology Report: Cyst wall made up of flattened epithelium, fibrocollagenous tissue & smooth muscle bundles at places S/O cystic lymphangioma **Image:** 5

DISCUSSION: Cyst of lymphatic origin can be found within peritoneum (Omentum, mesentery) as well as in the retroperitoneal area³. These cysts mostly remain asymptomatic and only come into attention when they cause abdominal fullness / distension or vague discomfort.

CASE REPORT

Abdominal ultrasonography usually provides working diagnosis in these patients and other investigations may be avoided though a more detailed picture can be provided by CT scan abdomen which may help in planning surgery.⁴

Surgery is usually a straight forward affair. At times lesion can be removed completely without sacrificing any adjacent organ though resection of involved segment of bowel, if limited area is involved, is more appropriate.

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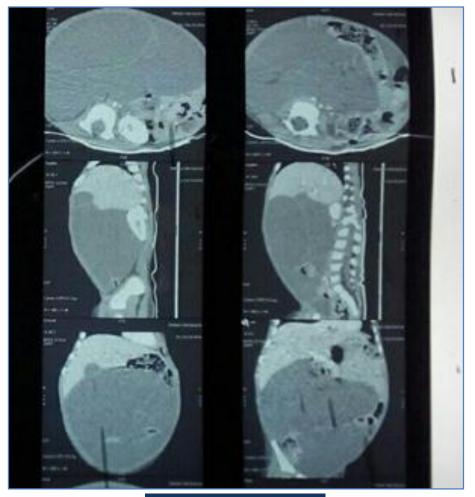


Image 1: CT abdomen

CASE REPORT

INTERAOPERTIVE PHOTOGRAPHS





Image 2: Origin of cyst at root of inferior mesenteric vessels



Image 3: Origin of cyst at root of inferior mesenteric vessels

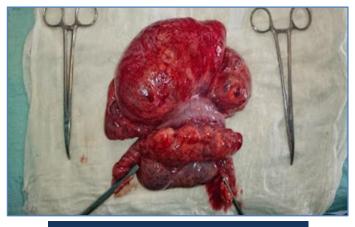


Image 4: Post-operative specimen

CASE REPORT

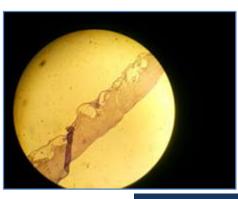




Image 5: Histopathology Report

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