

Case report on complete surgical enucleation of a giant chylous mesenteric cyst

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Abstract

Background: A mesenteric cyst is defined as any cyst located in the mesentery; it may or may not extend into the retroperitoneum, which has a recognizable lining of endothelium or mesothelial cell. Mesenteric cyst can occur anywhere in the mesentery of gastrointestinal tract from duodenum to rectum. The pathology of this case is unknown and it is asymptomatic. The case is confirmed by lab report and histology report.

Case Description: A 34 year old woman presented with abdominal pain since 4days. On the physical examination found the history of surgery and there is no any medical history. On the physical examination the palpable mass is presented at the right upper side of the abdomen. In USG report a giant mesenteric cyst was found at 60 cm distal to the ligament of Treitz, which was enveloped by 60 cm of the jejunum.

Conclusion: Mesenteric cyst is rare benign abdominal tumor, it is difficult to diagnose because of non-specific clinical symptoms is present in this disease condition. Exploration surgical procedure is the gold standard approach for the, management of giant chylous mesenteric cyst.

Keywords: complete surgical, enucleation and giant chylous mesenteric cyst

Introduction

Mesenteric cysts are rare tumors; they can emerge from any part of the mesentery of the bowel from the duodenum to the rectum. Their symptomatology can mimic almost any abdominal disease making diagnosis troublesome. In some circumstances, these cysts can grow to considerable sizes making resection almost impossible since its size can compromise different structures.

Case Description

A 34 year old woman presented with abdominal pain since 4days. On the physical examination found the history of surgery and there is no any medical history. On the physical examination the palpable mass is presented at the right upper side of the abdomen. In USG report the cyst is reported clearly with measurement of 15, 2 x 10 cm. A giant mesenteric cyst was found at 60 cm distal to the ligament of Treitz, which was

enveloped by 60 cm of the jejunum. The cyst was carefully dissected from the mesentery to spare the blood supply of the small bowel.

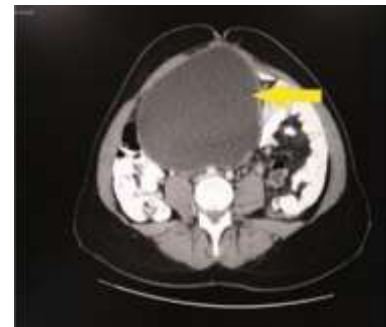


Fig 1: CT scan of the mesenteric cyst (arrow).



Fig 2: The mesenteric cyst (arrow) enveloped by the Jejunum (pointed arrow).

Discussion

The mesenteric cyst is the rare disease condition. The mesenteric cyst is classified in 6 groups according to histopathology. This case is related to the simple mesothelial cyst. The cyst was single and unilocular with a chylous content. This case is presented with asymptomatic and patients appear nonspecific symptoms abdominal pain, abdominal mass, nausea, vomiting, constipation and diarrhea. There are many approaches to treat this condition such as marsupialization, sclerotherapy, drainage, enucleation, percutaneous aspiration, and en bloc resection of the cyst with the involved adjacent organs. The management choice is a successful enucleation was accomplished in the present case without the need of bowel resection. To cyst remove the alternative technique is laparoscopic surgery, it has many advantages such as less post-operative pain, minimal trauma, short stay in hospital.

Conclusion

Mesenteric cyst is rare benign abdominal tumor, it is difficult to diagnose because of non-specific clinical symptoms is present in this disease condition. The diagnosis is confirm with imaging technique and remove the cyst with the use of surgical exploration procedure and find the histopathological report of the cyst. Exploration surgical procedure is the gold standard approach for the, management of giant chylous mesenteric cyst.

Conflict of interest

None

Funding

None

Consent for publication

Informed consent was obtained from the patients to publish this case in medical journal.

Ethical approval

Ethical approval is not required at our institution for publishing a case report in medical journal.

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