



## A RARE CASE OF GIANT MESENTERIC CYST OF THE JEJUNAL MESENTERY IN AN ADULT: A CASE REPORT

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<p><b>Article Info</b>  <i>Received 20/08/2014</i>  <i>Revised 26/08/2014</i>  <i>Accepted 09/09/2014</i></p> <p><b>Key words:</b>          Mesenteric Cyst,          intra abdominal          tumors, Jejunum.</p>	<p><b>ABSTRACT</b>          Mesenteric cysts are rare intra abdominal tumors. Most commonly seen in children. They present with varying range of manifestations. Most of them are asymptomatic and found on routine examination. Radiological evaluation helps in the diagnosis of these tumors. Here we present a rare case of giant mesenteric cyst in the jejunal mesentery in a 20 year male patient.</p>
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### INTRODUCTION

Mesenteric cyst is one of the rarest abdominal tumors, with approximately 820 cases reported since 1507. The incidence varies from 1 per 100,000 to 250,000 admissions [1]. They are commonly seen in pediatric age group with female preponderance [2]. Clinical features range from asymptomatic to acute abdomen, with most of them presenting as vague abdominal discomfort. Imaging studies like ultrasonography and CT scanning helps in the localization of the lesion. The preferred modality of treatment is surgical excision of the cyst either by enucleation or conventional resection and anastomosis. Here we present a 20 year old male patient who presented to us with upper abdominal discomfort and on radiological evaluation; a diagnosis of mesenteric cyst was made and treated by complete resection of the involved jejunal segment.

### CASE PRESENTATION

A 20 year old male patient presented with history

of vague upper abdominal discomfort and distention. On clinical examination there was distension and intra-abdominal mass with ill-defined borders noted in the left upper quadrant. Patient had undergone preliminary ultrasonography which shows a well-defined intraperitoneal cystic lesion with thin internal septations. A differential diagnosis of mesenteric cyst and hydatid cyst was made. Then patient was subjected to CT scan of abdomen which showed a large non enhancing hypodense lesion seen in the left hypochondrium and lumbar region displacing bowel loops, features are of mesenteric cyst (Fig.1).

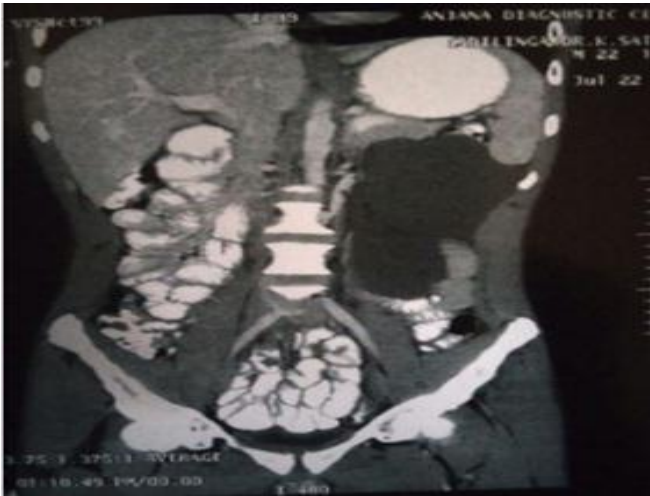
Then the patient is taken for exploratory laparotomy, a large thin walled cyst of size 22cm x 10cm x 12cm noted in the proximal jejunal mesentery which is present on either side of mesentery extending upto the root of the mesentery which became extremely difficult for enucleation (Figure 2).



Resection of about 1m of the involved jejunal segment done with successful excision of cyst and end to end anastomosis of bowel was done. Patient recovered well in

the post-operative period without any complications and discharged on 10<sup>th</sup> post-operative day. Histopathology confirmed the diagnosis as mesenteric cyst (Figure 3).

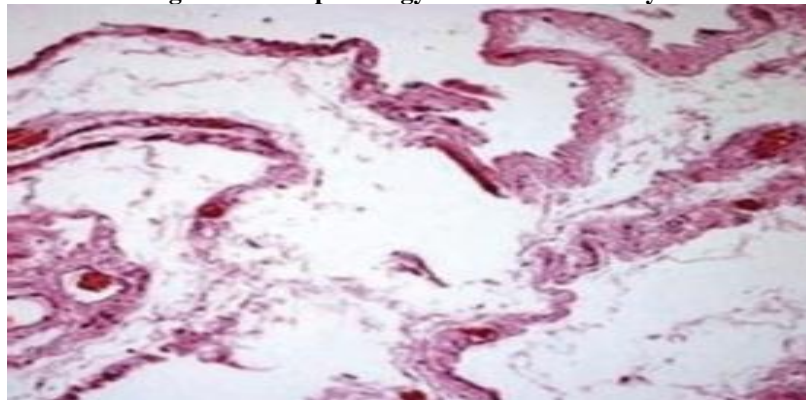
**Figure 1.** CT scan of abdomen showing a large non enhancing hypodense lesion seen in the left hypo chondrium and lumbar region displacing bowel loops



**Figure 2.** Showing a large thin walled cyst of size 22cm\*10cm\*12cm noted in the proximal jejunal mesentery which is present on either side of mesentery extending upto the root of the mesentery



**Figure 3.** Histopathology of the mesenteric cyst



## DISCUSSION

Mesenteric cysts and cystic mesenteric tumors are very rare abdominal growths. This is discussed very briefly in standard text books [3]. The incidence is 1/100000 in adults and 1/20000-35000 in pediatrics with slight female preponderance. Most commonly seen in the mesentery of small bowel (70%) anywhere from duodenum to rectum, but in 50-60% of cases it is in the ileal mesentery [4-6]. Occurrence of jejunal mesenteric cyst is a rare condition as in our case with uncertain incidence.

Mesenteric cysts are classified based on histopathology into 6 groups [7].

1. Cysts of lymphatic origin (simple lymphatic cyst and lymphangioma)
2. Cysts of mesothelial origin (simple mesothelial cyst, benign cystic mesothelioma, and malignant cystic mesothelioma)
3. Enteric cysts (enteric cyst and enteric duplication cyst)

4. Cysts of urogenital origin
5. Dermoid cysts (mature cystic teratoma), and
6. Pseudocysts (infectious and traumatic cysts).

Etiology is uncertain. Various theories have been put forth mostly from lymphatic origin or from mesothelial origin. Rarity of mesenteric cysts causes deficiency of information on classification and difficulties.

Mesenteric cysts have a wide spectrum of manifestation from asymptomatic to acute abdomen. They may present as abdominal discomfort, acute and chronic pains, nausea, vomiting, distension, shock due to rupture or bleeding of the cyst, external compression. Symptoms are related to the size and location of the cyst.

Ultrasonography, CT and MRI help in diagnosing this condition.

Ultrasonography determines the cystic nature, internal septations of the mass. But localization and differentiation from other conditions is poor with US as in

our case. CT scan and MRI help in localization of lesion, its relation with surrounding structures and features of compression, presence or absence of septation and wall thickness. However accurate diagnosis can be made only on histopathological examination.

Various modalities of treatment have been described in the literature for mesenteric cyst. Simple drainage, marsupialization, enucleation and resection and anastomosis.

Resection is the preferred modality of treatment as simple drainage and marsupialization has high chance of infection and recurrence.

In our case it was extremely difficult to enucleate the cyst as it is extending on either side of mesentery and upto the root of the mesentery, so a formal resection and anastomosis was done without any post-operative complication.

## CONCLUSION

Mesenteric cysts are rare intraabdominal tumors which may present with varied manifestation; it should be kept in mind in case of cystic intraabdominal masses. This article emphasizes the mode of presentation, diagnosis and management.

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