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■ Case Report

Mesenteric Cyst Presenting as a Gynecological Tumor in a Resource-Poor Environment: A Case Report

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Abstract

Background: Mesenteric cysts are rare intra-abdominal masses. These tumors are usually histologically benign cysts located in the mesentery and lined by endothelial cells[1]. These cysts may occur in every part of the mesentery, from the duodenum to the rectum[3] and are often considered to have same embryological origin[3]. They are mostly asymptomatic; however unspecific symptoms are associated with some physical findings of palpable, partly movable, and painless abdominal mass. Diagnosis is mostly done with radiologic imaging. But for a resource-poor setting, diagnosis is done on operation table. **Objectives**: To draw the attention of both Gynecologist and General Surgeons to the possibility of mesenteric cyst presenting as gynecological tumors. **Case Report**: we found a 33-year-old lady presenting with two years history of recurrent lower abdominal pain and abdominal swelling no change in bowel habit, no weight loss, no fever, cough, contact with chronic coughing patient, the pregnancy test was negative, the review of other symptoms were essentially. She was examined to have a 25-cm-sized mass in the lower abdomen. It was firm and not mobile. Abdominopelvic ultrasound was in conformity with right ovarian tumor. Blood works include a full blood count and white blood cell count. Liver function tests and urinalysis were within normal limits. Intraoperative findings were those of a single mesenteric cyst related to the small bowel with chylous content adhesions, normal ovaries and other adnexa, normal liver, bowel, and no ascites. The Sample was sent for histology. Patient was followed up for two years. **Conclusion:** Mesenteric cysts are uncommon abdominal masses that sonographically mimics Ovarian tumors. Intra-Operative finding is the reliable diagnostic major in a poor resource setting.

Keyword: Mesenteric cyst, Ovarian Tumors, poor resource setting.

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Introduction

Mesenteric cysts are uncommon intra-abdominal masses. Found within the mesentery. It was first diagnosed in a female patient-thus became more common in women. These tumors are usually histologically benign cysts and lined by endothelial cells[1]. These cysts may occur in every part of the mesentery, from the duodenum to the rectum[3]. These cysts are most Frequently localized in small bowel mesentery (ileum in 60%) and mesocolon (ascending colon in 40%)[3]. Mesenteric, omental, and retroperitoneal cysts are of same embryological origin[3], similar pathogenesis, but have different histopathological origins and structures[3]. They often represent ectopic lymphatic tissue – lymphatic, chylous cysts[3]. In symptomatic cases, diverse unspecific symptoms with chronic undefined abdominal pain is common[3,4]. The preoperative diagnosis of mesenteric cysts is usually made with radiologic investigations[1–3,5,6]. Discovery is usually made on the table for some other diagnosis in the resource-poor center where high-end radiologic investigations are neither usually affordable nor accessible. Management is surgical.

Case report

we present a 33-year-old lady presenting with two years history of recurrent lower abdominal pain and abdominal swelling no change in bowel habit, no weight loss, no fever, cough, contact with chronic coughing

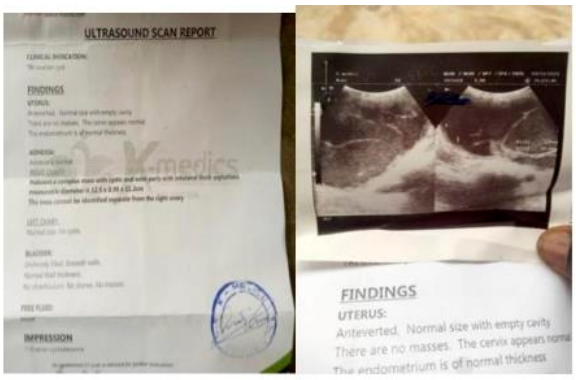

Figure 1. Pre-surgery Ultrasound Report

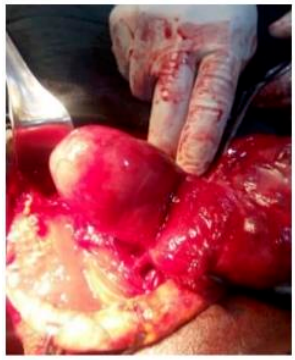

Figure 2. Ultrasound Image

Figure 3. Intra

patient, the pregnancy test was negative, the review of other symptoms were essentially normal, no family history and no other comorbidity.

However, on physical examination, a 25-cm-sized mass was palpable in the lower abdomen. It was not mobile on any plane and it appeared to be firm. Abdominopelvic ultrasound was in conformity with ovarian tumor.

Blood works include a full blood count and white blood cell count. Liver function tests and urinalysis were within normal limits.

Intraoperative findings were those of a single mesenteric cyst related to the small bowel with chylous content adhesions, normal ovaries and other adnexa, normal liver, bowel, and no ascites. The patient was confirmed histologically, to have cystic lymphangiomatous mesenteric cysts. There was no evidence of malignancy.

The patient has been on follow-up for two years without any recurrence.

Discussion

A mesenteric cyst is considered to be one of the rarest types of abdominal tumors[2,7]. The rarity of these tumors means there is usually little clinical experience in handling them[3,7]. They are usually benign as in the index case but malignancy has been reported[2]. A mesenteric cyst is any cyst located in the mesentery which may or may not extend into the retroperitoneum, and which has a recognizable lining of endothelium or mesothelial cell[1]. The actual cause of mesenteric cysts is still not unclear[1]. They are

usually asymptomatic but when symptoms do occur it usually abdominal pain and or abdominal swelling[1,8]. They are usually benign, single, chylous, and related to the small bowel but other subtypes and locations may be seen[1,8].

The aetiology is usually unknown and occurs more commonly in women as in the index case but unlike in this patient, is usually common in the fifth decade[9].

In low-resource settings where complex radiological investigations are not available, they may be discovered on the table while operating for some other pathology[7–9]. The treatment is usually surgical excision even though laparoscopic modalities have been tried in small series[7,8,10]. The ultimate key in the management of these tumors is an index of suspicion that though they are rare, they do occur.

Conclusion

Mesenteric cysts are uncommon abdominal masses that sonographically mimics Ovarian tumors. Intra-Operative finding is the reliable diagnostic major in a poor resource setting.

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