

Acute abdomen caused by a ruptured spontaneously infected mesenteric cyst

Spontan infekte mezenterik kist nedeniyle oluşan akut karın: Olgu sunumu

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Mesenteric cysts are uncommon and usually asymptomatic abdominal tumors. Spontaneous infection is a very rare complication of these lesions. This report presents a case of spontaneously infected and perforated mesenteric cyst. Any incidental mesenteric cyst diagnosed during radiological examination should be removed completely, even if it has been asymptomatic, to prevent potential life-threatening complications.

Key words: Mesenteric cyst, infection, perforation

Mesenterik kistler az rastlanan ve genellikle semptomsuz olan abdominal tümörlerdir. Mesenterik kistlerin spontan enfeksiyonu son derece nadir görülen bir komplikasyondur. Bu yazıda spontan olarak enfekte ve perfore olan bir mesenterik kist vakası sunulmaktadır. Radyolojik çalışmalar sırasında insidental olarak saptanan mesenterik kistler semptomsuz olsalar dahi, hayatı tehdit eden potansiyel komplikasyonları engellemek için çıkartılmalıdır.

Anahtar kelimeler: Mesenterik kist, enfeksiyon, perforasyon

INTRODUCTION

Mesenteric cysts are uncommon abdominal tumors without typical clinical findings. Most cases are asymptomatic. They are usually detected when a complication develops or as an incidental radiological finding. Spontaneous infection is a very rare complication of these lesions. This report presents a case of spontaneously infected and perforated mesenteric cyst.

CASE REPORT

A 45-year-old man presented to our Emergency Room with the complaints of severe abdominal pain and vomiting that had started suddenly 12 hours previously. His body temperature was 38°C. Physical examination revealed a distended and diffusely tender abdomen and absent bowel sounds. Leukocyte count was 18,000/mm³. Plain X-rays were without any pathology. Abdominal ultrasonography showed a 12-cm cystic lesion which had been known and followed-up conservatively without any symptoms for nine years. The patient was explored with the diagnosis of viscus perfora-

tion. Laparotomy revealed free purulent material and a huge perforated mesenteric cyst located in the mid-jejunum. The cyst was removed without injuring the mesenteric vascular supply. Bacterial culture of the peritoneal fluid yielded *staphylococcus aureus*. Histopathologic examination of the specimen showed purulent material inside a multi-locular mesenteric cyst lined with a flattened epithelium. Cyst wall contained fibroadipose and collagenous tissue infiltrated with inflammatory cells (Figure 1). The postoperative course of the patient was uneventful and he was discharged on the 4th postoperative day.

DISCUSSION

Mesenteric cysts are rare benign tumors that can be classified as being of lymphatic, mesothelial, enteric, urogenital, dermoid cystic and pseudo-cystic origin histopathologically (1). They can be localized anywhere along the gastrointestinal mesentery (2, 3). Several etiological mechanisms have been suggested for the development of mesenteric

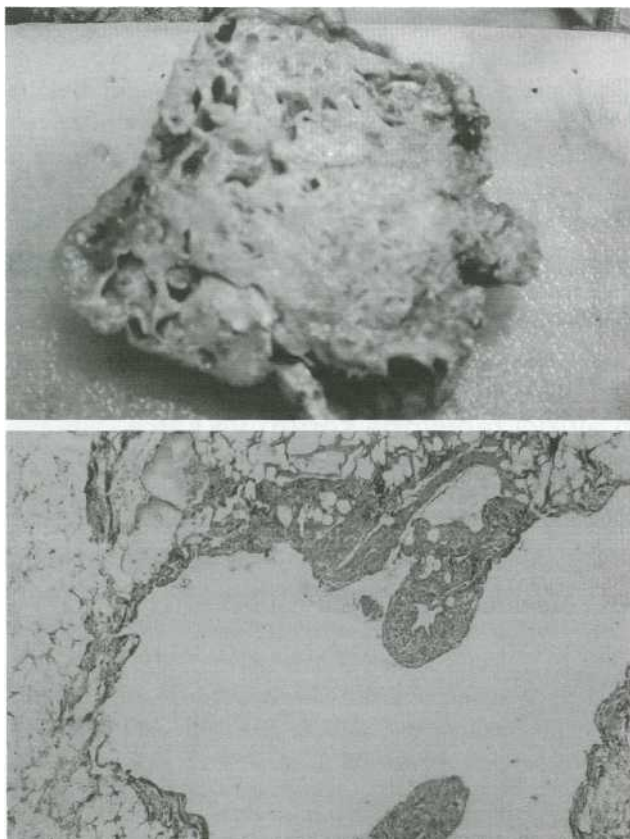


Figure 1. Gross appearance of the multiloculated mesenteric cyst (on top) and microscopy of fibroadipose and collagenous tissue with inflammatory infiltrate

cysts. Continued growth of congenital lymphatic tissue, failure of the leaves of the mesentery to fuse, degeneration of the lymphatics due to abdominal trauma, previous pelvic surgery, endometriosis, pelvic inflammatory disease, and neoplasia have all been cited (1, 4).

Mesenteric cysts are usually asymptomatic and incidentally detected during physical or radiological examination or when a complication develops. Hemorrhage (5) and rupture (6) due to blunt trauma, volvulus of the cyst (7), intestinal obstruction (8, 9), and malignant transformation of the cyst (10) have been reported. Spontaneous infection of a mesenteric cyst is a very rare complication of this unusual lesion (11). To our knowledge, peritonitis caused by the perforation of a spontaneously infected mesenteric cyst has been reported only once previously in the English literature (12).

A mesenteric cyst can be removed completely without injuring intestinal vasculature, but it may be necessary to perform a segmentary bowel resection in some cases (13). Any incidental mesenteric cyst diagnosed during radiological examination should be removed completely, even if it has been asymptomatic, to prevent potential life-threatening complications, as occurred in the present case

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