Journal of Case Reports and Scientific Images

E-ISSN: 2708-0064
P-ISSN: 2708-0056
IJCRS 2020; 3(1): 12-13
www.allcasereports.com
Received: 12-05-2020
Accepted: 21-06-2020

Dr. Jinela Desouza
Junior Resident, Dr. D.Y Patil hospital, Kolhapur, Maharashtra, India

Dr. Yamini S
Junior Resident, Dr. D.Y Patil hospital, Kolhapur, Maharashtra, India

Dr. Mohan Patil
Professor, Dr. D.Y Patil hospital, Kolhapur, Maharashtra, India

Dr. AB Kurane
Professor and HOD, Dr. D.Y Patil hospital, Kolhapur, Maharashtra, India

Dr. Chandan M
Junior Resident, Department of Surgery, Dr. D.Y Patil hospital, Kolhapur, Maharashtra, India

Dr. Suraj Dige
Pediatric Surgeon, Dr. D.Y. Patil Hospital, Kolhapur, Maharashtra, India

Corresponding Author:
Mohan Patil
Professor, Dr. D.Y Patil hospital, Kolhapur, Maharashtra, India

Abdomen' a pandora's box: Rare case of mesentric cyst in newborn

Dr. Jinela Desouza, Dr. Yamini S, Dr. Mohan Patil, Dr. Chandan M, Dr. AB Kurane and Dr. Suraj Dige

DOI: https://doi.org/10.22271/27080056.2020.v2.i1a.14

Abstract
Mesenteric cysts are documented as a rare entity in pediatric population. They are considered as benign intra-abdominal tumors with an unknown etiology. Symptoms are not specific and knowledge of such condition is essential in order to establish a proper management. To get a good clinical assessment, I have described the clinical, radiological and operative findings. My patient, day one of life, whose antenatal scan showed signs of Bowel Atresia was born of a full term LSCS, cried immediately after birth, 3.2kg. Baby was stable and active, but abdominal distension was present at birth, baby passed urine within 24 hours, Stool not passed.
A preoperative diagnosis was made basing on imaging. Thus, abdominal ultrasonography was performed in this cases and showed a cystic abdominal mass. The cystic nature of the mass, its margins and its extension were better described on tomographic images. The mesenteric cyst was completely and successfully removed in our case by an exploratory Laparotomy.
The histopathological report confirmed the diagnosis and showed a single, oval cyst with a shiny surface and congested blood vessels, with flattened columnar epithelial lining, without any defined muscular layer or cellular atypia and without any evidence of malignancy. The child was evaluated and was stable, was accepting breastfeeding post-operatively and has come for follow-up.
No recurrence was noted in our patient during the follow-up period.
It is known that clinical features are not specific of such anomaly but once the diagnosis is made, the complete surgical removal of the cyst remains the treatment of choice with excellent outcomes.

Keywords: Mesenteric, newborn, cyst, laparotomy

Introduction

- Mesenteric cysts are documented as a rare entity in pediatric population, even more rare in neonatal age
- They are considered as benign intra-abdominal tumors with and unknown etiology.
- Generally presenting as lump in abdomen
- Below is a case report of antenatally diagnosed cystic mass in abdomen, later diagnosed as Mesenteric cyst.

Case Report

A Baby born of a Full term LSCS, was shifted to NICU i/v/o antenatally suspected Bowel Atresia, ileal atresia. Baby was haemodynamically stable and on palpation abdominal distension was present which was tense. Baby was passing urine, stool not passed.
X-ray was suggestive of gaseous intestinal loops pushed peripherally by a cystic mid-abdominal mass.
USG abdomen s/o: Large cystic lesion measuring about 8*5cm in the abdomen which was displacing the bowel loops, which was most likely either Mesenteric cyst or an enteric duplication cyst.
Hence, CT abdomen was done which showed a large cystic lesion measuring 12.1*5.5*5.5 cm in the abdomen arising from the mesentery but bowel loops were filled with air and no signs of hydronephrosis.
Pediatric surgeon opinion was done and baby was posted for Exploratory Laparotomy and Cyst Excision on day 3 of life.
Intraoperatively, cyst was found coming out from the Mesentery of transverse colon.
Postoperatively, Baby was immediately extubated and started on RT feeds by day 5 of life. Feeds increased gradually to full feed.
Histopathology report s/o single oval mesenteric cyst lined columnar epithelium with no e/o Malignancy.

Baby was discharged on day 18. Baby was followed up after 13 days and is stable and gaining amount of weight.

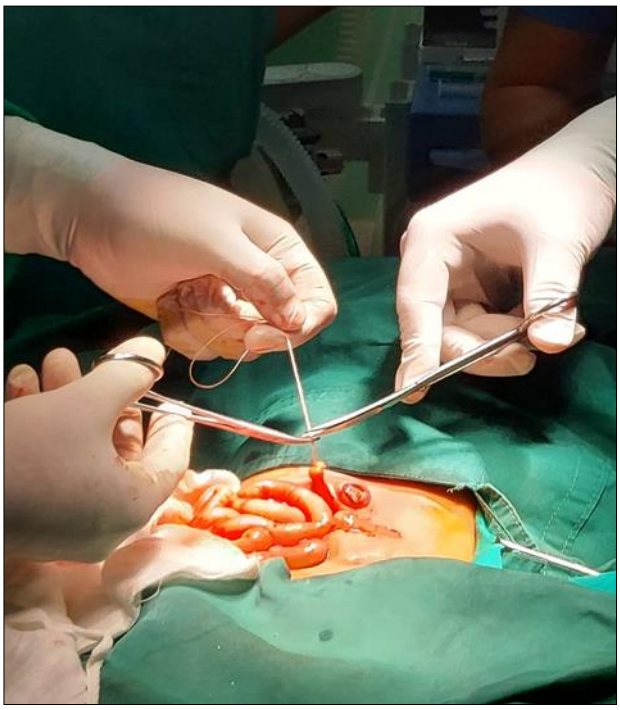

Fig 1: Intraoperative procedure of Mesenteric cyst excision

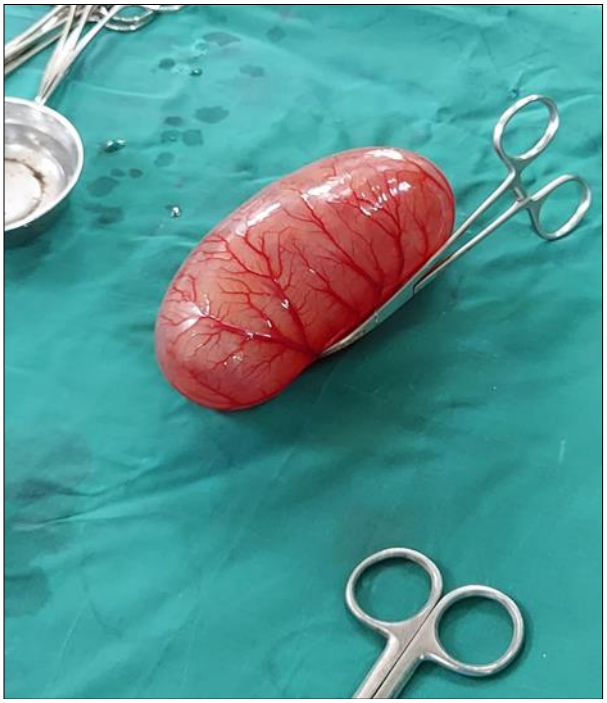

Fig 2: Mesenteric cyst which was excised

Discussion

- Significant of D/D's of abdominal distension in newborn:
  1. Mal-rotation of gut
  2. Ileal atresia
  3. NEC
  4. Anorectal malformation
  5. Wilms tumor
- Mesenteric cysts is usually undiagnosed until surgical exploration
- In our case, USG and CT abdomen were the diagnostic modality.

Fig 3: Postoeprative healthy child with healthy suture line

References

1. Mesenteric cyst. A rare intra-abdominal tumour A.K. Pithawa, Col, A.S. Bansal, Brig, and S.P.S. Kochar, Brig
2. Miliras S, Trygonis S, Papandoniou A, Kalamaras S, Trygonis C, Kiskinis D. Mesenteric cyst of the descending colon: report of a case. Acta Chir Belg 2006;106:714-716. [PubMed] [Google Scholar]
3. Al Haifi Mohammed B, Abdulsamad MA. Juma Talib A. Laparoscopic excision of mesenteric cyst: case report. Kuwait Med J 2007;39(2):167-169. [Google Scholar]
4. Mohanty SK, Bal RK, Maudar KK. Mesenteric cyst – an unusual presentation. J Pediatr Surg 1998;33(5):792–793. [PubMed] [Google Scholar]
5. Saviano MS, Fundarò S, Gelmini R, Barossa G, Perrone S, Farinetti A, Criscuolo M. Mesenteric cystic neoformation: report of two cases. Surg Today 1999;29(2):174–177. [PubMed] [Google Scholar]
6. Zamir D, Yuchtman M, Amar M, Shoemo U, Weiner P. Giant mesenteric cyst mimicking ascites. Harefuah 1996;130(10):683–727. [PubMed] [Google Scholar]