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MESENTERIC CYST OF THE DESCENDING COLON

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ABSTRACT :Gürkan DİRİK, Galip KÖSE, Nevbahar TANELİ, Acun GÖKDEMİR, Nesrin ERDEM, Ahmet ARIKAN, İffet AYSAL, Şeref ETKER. Department of Pediatrics, Faculty of Medicine, Dokuz Eylül University; Department of Pediatric Surgery, Faculty of Medicine, Ege University, İzmir, Mesenteric cyst of the descending colon.
In this report a mesenteric cyst diagnosed by roentgenologic finding is reported. A 2-year old caucasion girl was admitted to the hospital with a complaint of painless abdominal distension. Distension was first noted at 2 months of age. Physical examination revealed a round, immobile mass filling the entire abdomen. On the direct abdominal roentgenogram a mass was detected filling the whole abdomen. The calyxial structures and pelvises showed mild widening,and the kidneys and both ureters showed posterior displacement by IVP. At surgery a retroperitoneal cystic mass of 25X24X10 cm encased in the mesentery of the colon was remowed. It was a mesenteric cyst of the descending colon. Histologic specimen: Cystic Lymphangioma.

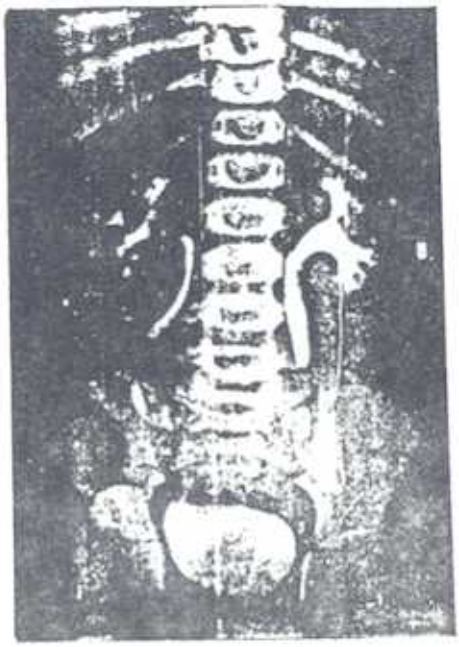
KEY WORDS :Mesentery,mesenteric cyst,cystic lymphangioma,abdominal distension.

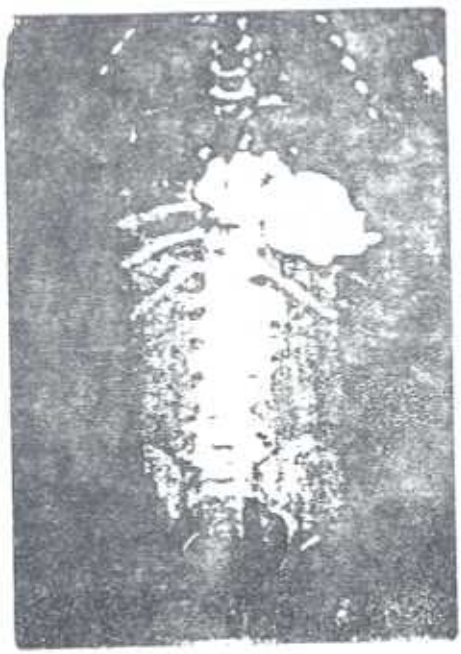
Cyst of the mesentery are rare tumors in early childhood and often misdiagnosed clinically as abdominal ascites (4). Only 8 cases were found in 820 000 admissions at the Mayo Clinic and 3 cases were found in 12 485 admissions at the Children's Hospital in Los Angeles until 1979 (2).

The majority of these cysts arise from eymphatic spaces associated with embrionic retroperitoneal eymph sacs. Cysts are commonly located in the mesentery of small intestine but rarely they may be located in any part of the colon. Anatomopathologically,they are all classif ied as lymphangiomae (2).

CASE REPORT

G.S., a 2-year old Cau asion,undernourished female hospitalized in Sept. 1, 1981 with a complaint of painless abdominal distension. She had a history of constipation since birth. Distension wa. first noted at 2 months of age,gradually increasing in size. The accompanying complaint given then was only anorexia.Physical examination revealed a large mass distending the abdomen, not giving a sense of fluid to percussion; the





mass was round (22 cm in diameter), nearly filling the entire abdomen and immobile to palpation. At rectal examination the mass was felt toward promontorium. The bowel sounds were found normal. All the routine laboratory findings were found within normal limites.

Roentgenologic Findings

On the direct antero-posterior roentgenogram (Fin.2) a mass of low density was detected filling the whole abdomen.

By IVP the contours of kidneys were found normal,the calyxial structures and the pelvises showed widening of mild degrees. Both ureters also showed widening and were displaced laterally at the midportion. The kidneys and both ureters also showed posterior displacement (Fig.3). A right septal structure was visualized in the bladder.

Ultrasonographic Findings

Ultrasonography showed a 12X24 cm cystic formation covering the whole abdomen and pushing the kidney backward.

At Surgery

An exploratory laparotomy was performed in Sept. 17,1981. A retroperitoneal cystic mass 25X24x10 cm large,encased in the mesentery of the colon and located approximately between the lig. Teretz and the sacral promontary,displacing the descending colon to the right was observed. The tunor was dissected and removed completely. No post operative complications were encountered.

DISCUSSION

Of varios roentgenographic studies available for the evaluation of abdominal masses,direct antero-posterior and lateral X-rays,IVP,contrast studies of the bowels and ultrasound (3) are usually adequate for diagnosis.

Although the abdominal mass in our case was quite large it was asymptomatic. The mesenteric cyst was excised and could easily be separated from mesentery by blunt dissection and later the defect in the mesentery could be repaired easily; however, in some cases the cyst may involve the blood supply of the corresponding intestinal segment.

Then,resection of the mesentery,the cyst and a portion of bowel may be required in such cases could only be complete after end to end anastomosis of the two segment of the intestine (1).

As stated in the literature,the histologic specimen in our case was also cystic lymphangioma.

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