

Benign Mesenteric Mesothelial Cyst: A Rare Cause of Extrinsic Colonic Compression

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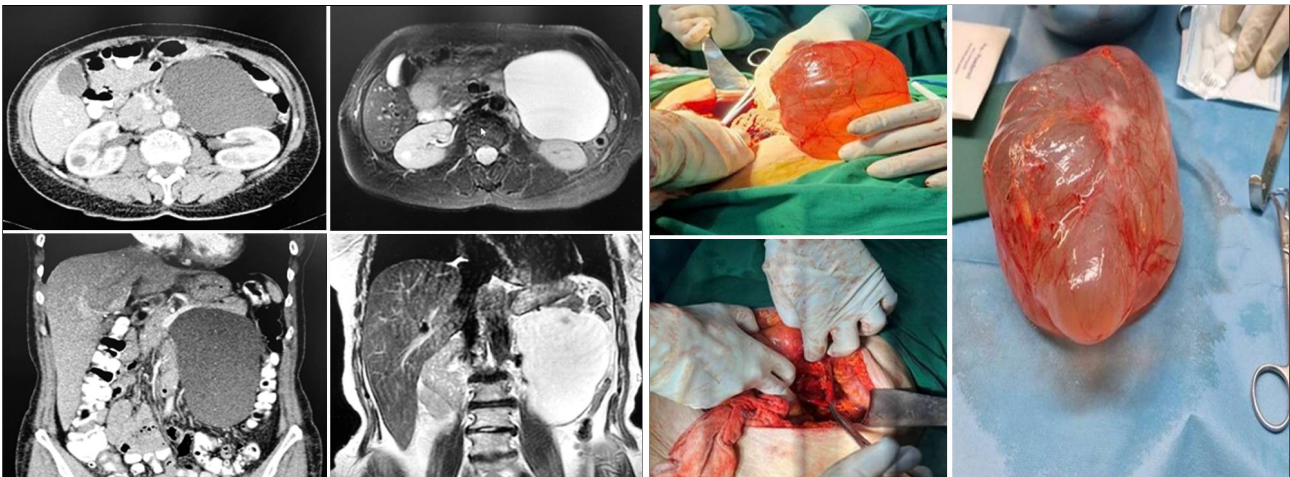


Figure 1 - Compilation of the preoperative CT & MR images, demonstrating the presence of fluid-filled cystic lesion, arising from the mesentery of the descending colon and displacing the pancreatic tail in cephalad position

Figure 2 - Intraoperative images of the resected specimen, as well as the residual cavity in the colonic mesentery, adjacent to the pancreatic tail

ABSTRACT

Benign mesothelial mesenteric cysts constitute a rare clinical entity and usually are discovered incidentally during abdominal imaging essays. Very infrequently though, they can become acutely symptomatic due to occurrence spontaneous rupture, hemorrhage or compression of adjacent organs, due to their dimensional progression. Herein, we present a rare case of symptomatic, extrinsic colonic compression secondary to the presence of a large mesothelial mesenteric cyst, which was abutting the left colon, causing persistent alteration of colonic habits.

Key words: cyst; mesentery; surgery

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CASE DESCRIPTION

A 59-year old Caucasian female patient presented to our surgical admissions unit with vague abdominal pain, abdominal distension and progressive constipation, with dependence on laxatives. Her past medical history was unremarkable and she had no previous abdominal or pelvic surgery. Clinical examination revealed a moderately distended abdomen, with palpable fullness in the left upper quadrant of the abdomen, as well as the left hypogastrium. Her admission blood tests were within normal range. Of note, the patient had been investigated with a flexible sigmoidoscopy, as well as completion colonoscopy, due to her altered bowel habits, which reported a non-critical segmental narrowing proximally to the sigmoid colon. The patient was scheduled for a computed tomography (CT) and subsequently magnetic resonance (MR) scans of her abdomen and pelvis, which revealed the presence of a large 14.5x14.0x5.5 cm, probably cystic, lesion of the left-sided colonic mesentery, splaying the inferior mesenteric vessels, as well as the pancreatic tail (figs. 1, 2).

After obtaining informed consent, the patient was scheduled for exploratory laparotomy. During the procedure, a benign-looking cystic mass was identified within the mesentery of the descending colon, splaying the mesenteric vessels and abutting the pancreatic tail. Using a combination of sharp and blunt dissection, with minimal use of diathermy, the cystic mass was encapsulated en block. The patient had an uneventful recovery and was discharged on the fourth postoperative day. Histopathological examination of the specimen confirmed the benign nature of the cystic lesion, revealing the presence of normal mesothelial cells only on representative sections of the cyst's wall.

Conflict of interest

The authors declared no potential conflicts of interest with respect to the research, authorship,

and/or publication of this article

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Data availability statement

All data referred to in the study reside within the manuscript and supplementary material.

Key Clinical Message

Benign mesenteric cysts are very uncommon clinical entities, which can manifestate with extrinsic compression of the adjacent viscera; surgery remains the mainstay of treatment in cases of diagnostic dilemmas or progressive relevant symptomatology.

Author contributions

CS & GZ: contributed to the clinical data collection and preparation of the manuscript; OP, VK & AP contributed to the review of the literature and preparation of the manuscript; OP & GZ: contributed to the design of the case report presentation and performed the final revision of the manuscript.

Ethics of approval

For performing this case ethical approval was obtained.

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