

Research Article

AN INTERESTING CASE OF ABDOMINAL MASS

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ABSTRACT

A 52 years old female, presented with mass per abdomen since 15 years and pain and abdomen since 1 month. On examination, a palpable mass of 10x12 cm was present. Ultrasound showed ill-defined mixed echogenic, few wall septations and wall calcifications. Explorative laparotomy was done with excision of the omental cyst and a rim of omentum. Histology sections showed fibro-collagenous cyst wall lined by stratified squamous keratinized epithelium, and the stroma showed foreign body giant cells.

Keywords: *Abdominal Mass*

INTRODUCTION

Omental and Mesenteric cysts are rare. The incidence of both of these have been reported to be around 1/100,000 cases. The former are around 2.2% of the total. The diagnosis can be made with USG and CT Abdomen.

A 52 years old female, presented with complains of mass per abdomen since 15 years and pain abdomen since 1 month. The mass was present since 15 years, was initially the size of the lemon and gradually progressed to the present size of an orange. Pain was dull aching continuous, mild to moderate in intensity, relieved by medications, not associated with nausea and vomiting. The pain did not affect her daily activities. On examination, per abdomen, the abdomen was protuberant, umbilicus everted and shifted downwards. A diffuse mass 10x10 cm was seen near the right side of the abdomen. On palpation, a mass of 10x12 cm was present in the umbilical and right lumbar region. Mass was ovoid in shape, firm in consistency with well-defined borders and the surface is smooth. Mass was intra-abdominal and was freely mobile, it can be pushed into the pelvis.

On percussion, note was dull with no band of resonance. The routine investigations were within normal limits. The ultrasound showed Ill-defined lobulated mixed echogenic, few septations and wall calcifications measuring 11.4 X 7.2 x 9.7 cm was noted in the right side of the umbilicus. Lesion shows no internal septations, no internal vascularity. The diagnosis of G.I.S.T was made. The CECT scan of abdomen and pelvis showed a large, well defined, minimally enhancing, solid mass lesion measuring about 10.8 x 8.0 x 9.6 cm in size in the small bowel mesentery in right lumbar and para-umbilical region with irregular necrotic area within and extensions as described above- suggestive of GIST, likely to be arising from the distal ileum. GIST, likely to be arising from distal ileum was the diagnosis made from the CECT. Explorative laparotomy was done, a cystic mass measuring 10x7 cm, arising from the greater omentum was noted, the mass was not adherent to the bowel. Mass was excised and sent for histopathology. According to the report, cyst showed fibro collagenous cyst wall lined by stratified squamous keratinized epithelium, compressed at places. Sub-epithelial stroma shows lymphoplasmacytic infiltrates along with well-formed granulomas consisting of foreign body giant cells at focal areas. The lumen of the cyst shows keratin material. The features are suggestive of keratinous cyst (epidermal with granulomatous reaction).

DISCUSSION

Omental and Mesenteric cysts are rare. The first case of omental cyst was reported in 1852 by Gairdner (Mohammad and Mehdi, 2011). The omental cysts are rarer with only about 150 cases documented till now (Moralioglu et al., 2007). Omental cysts have a prevalence of about 1 in 1,000,000 in adults. Omental cysts in children are around 1 in 20,000 children (Gupta et al., 2013). The omental cyst can be uni-locular or muti-locular in nature. Marc (2000), proposed a comprehensive, six group classification based on histological identity of the epithelial lining when present: Lymphatic cyst, Mesothelial cyst,

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Enteric cyst, Urogenital cyst, Mature cystic teratoma, Pseudocyst (Gupta *et al.*, 2013). The etiology theories of the omental cysts are: 1 Benign proliferations of ectopic lymphatics that lack communications with the normal lymphatics, 2 Failure of the embryonic lymph channels to join the venous system, 3 Failure of the leaves of the mesentery to fuse, 4 Neoplasm, 5 Degenerations of lymph nodes (Sanjeev *et al.*, 2009).

The omental cyst patients can present with chronic abdominal pain, or with a painless abdominal mass, or as an acute abdomen due to rupture of cyst or torsion and respiratory distress due to massive enlargement of the cyst. Malignant transformation of the cyst is rare, only few cases of sarcoma and adenocarcinoma have been reported (Shaheen *et al.*, 2010). Diagnosis can be easily made with the help of Ultrasound and Computed Tomography of abdomen (Arman *et al.*, 2013). Complete surgical excision is mandatory to prevent recurrences. Complete surgical excision has got excellent prognosis (Cadikibi *et al.*, 2013). Goal of surgery should be complete excision, even if adjacent structures need to be resected (Ganiyu *et al.*, 2009).

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