



Mesothelial Cyst of the Greater Omentum as an Uncommon Cause of Gastrointestinal Bleeding: A Case Report

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Abstract

Mesothelial inclusion cyst is a rare benign tumour that has only 130 cases reported in the literature. Accurate diagnosis and optimal management of this condition remains uncertain. We report a 58-year-old woman, who presents with vomiting blood. Upper gastrointestinal endoscopy showed the presence of severe Esophagitis. MSCT of the abdomen revealed a round cyst measuring (14.5 cm) with peripheral calcification. Final interpretation "consistent with mesothelial cyst with secondary acute chronic inflammation and hemorrhage". The patient recovered well and had no recurrence at 1-year follow-up.

Introduction

Mesothelial inclusion cyst is a rare tumor attached to the serosal surface of the visceral organs [1], which was first reported in 1979 [2]. It is usually demonstrated in children under the age of 5 years [3]. It is usually asymptomatic, but occasionally presents with various, non-specific symptoms [4], but pain is still one of the most common symptoms [2], in this study, severe gastrointestinal bleeding was the first symptom exhibited in the patient, making this case report distinct. Complete surgical resection with negative surgical margins is the treatment of choice, and the results are excellent. Incomplete resection may lead to recurrence [3].

Case Presentation

A 58-year-old man with a history of vomiting blood presented to our department. His past medical history was notable for the right lobe of the thyroidectomy and Benign prostatic hyperplasia. There was no clinical history and family diseases nothing remarkable in physical examination. Vital signs were stable. Laboratory studies including Complete Blood Count (CBC) (low Hemoglobin, low Hematocrit, and high Neutrophils). The biochemical profile was within normal range. Upper gastrointestinal endoscopy showed the presence of severe Esophagitis (biopsy was taken), effective bleeding from the fundus of the stomach and duodenum within normal limits. Ultrasonography revealed a cystic lesion occupying the left side of the abdomen (Figure 1). Multi-Slice Computerized Tomography scan (MSCT) of the abdomen revealed a round cyst measuring (14.5 cm) with peripheral calcification, do not take the radiocontrast agents. It was located among stomach, pancreas, spleen and left kidney with obvious origin from stomach (Figure 2). Surgical procedures were performed under general anesthesia, using a stapler and cutting the back of the stomach with the spleen due to extensive vascular adhesion (Figures 3-5).

The histological study excluded malignancy, sections from the cyst wall shows thick fibrous tissue with congested vasculature, chronic lymphoplasmacytic inflammation with microabscesses formation and hemosiderin-laden macrophages, final interpretation "consistent with mesothelial cyst with secondary acute chronic inflammation and hemorrhage". The patient had no complications during the postoperative period.

Discussion

Mesothelial Cyst is most likely the result of the congenital incomplete fusion of the mesothelial-lined peritoneal surfaces, this explains that it is usually located in the small bowel, the mesentery, the mesocolon and the omentum [5,6]. It is usually common in childhood and young adult [5], while rare in older people, as in our case. Due to the lack of a specific clinical presentation, the diagnosis

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Figure 1: (Ultrasonography) cystic lesion occupying the left side of the abdomen.

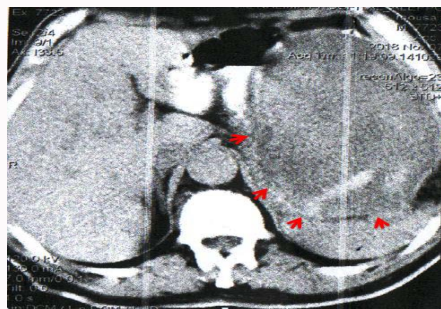


Figure 2: (MSCT) round cyst located among stomach, pancreas, Spleen and left Kidney.



Figure 3: The cyst, stomach, spleen, before the cutting.

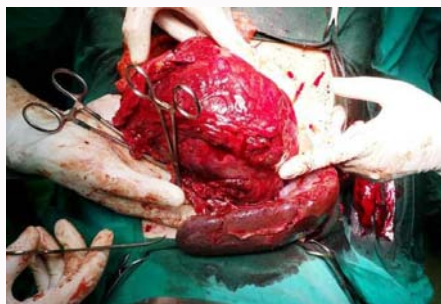


Figure 4: The cyst, stomach, spleen, after the cutting.

is very difficult and is usually based on clinical examination and radiographic imaging [7]. The cyst size ranges from a few centimeters to 40 cm [8]. When the size of the cyst increases, clinical symptoms usually appear as a result of pressure on neighboring organs, such as abdominal pain, distension, bloating, constipation and vomiting, but upper and lower gastrointestinal bleeding is a rare complication that

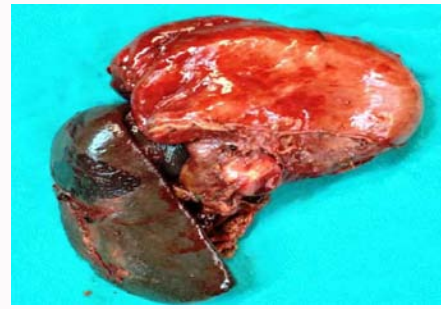


Figure 5: The mesothelial cyst and the spleen.

has not yet been reported in medical literature.

Definitive diagnosis depends on surgery and histopathology [9]. However, Preoperative diagnosis is a necessary procedure; Ultrasound is the modality of choice, which is a safe procedure, especially since the target group is usually children and female. Various sonographic appearances have been described: comaform, fusiform, or oval cystic mass, with internal septa if multilobular and with no peristalsis. Pedunculate lesions are attached to a stalk-like structure, which is their connection to the peritoneal cavity. Occasionally, hypoechoic solid portions may be observed [10]. Abdominal Computed Tomography (CT) scanning is also essential to show the location of the cyst and its relation to other structures. Surgical excision with clear margins is important to prevent recurrence, but the surgical resection of the cyst necessitated total removal of the spleen due to the adherent nature of the cyst to the spleen and its mesentery. A long-term follow up is also needed.

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