A Case Report on Chylolymphaticus Variety of Mesenteric Cyst

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Introduction:
A Chylolymphatic cyst is a rare variant of a mesenteric cyst1,2. These cyst present within the mesentery lined with a thin endothelial or mesothelium and filled with chylous and lymphatic fluids3. These cyst are considered to be originated from lymphatic leaking of an efferent communication with the lymphatic system and they are most often unilocular and solitary3. Mesenteric cyst are most frequent in the second decade of life but are known to occur in the first decade as well3. The clinical presentation is not characteristic and in addition the preoperative imaging although suggestive but not diagnostic. In most cases, the diagnosis is confirmed following surgical exploration. We report a case of chylolymphaticus variety of mesenteric cyst in 18-year-old girl, who was presented to us with diffuse abdominal pain and lump in the lower abdomen for 14 days. Ultrasonography (USG) of the abdomen revealed large cystic lesion (12×10.8×11.4 cm; volume 77 cc) in the abdominal cavity containing dense echogenic debris within, with no obvious flow in the wall - suggestive of twisted chocolate cyst. Exploration of the abdomen revealed a solitary cyst containing milky fluid about 55 cm distal to duodenojejunal flexure and twisted cyanosed coils of intestine. Histopathology of the excised cyst was consistent with chylolymphaticus cyst (Mesenteric cyst)

Keywords : Laparotomy, Mesenteric Cyst, Chylolymphatic cyst.

DOI: https://doi.org/10.3329/jbcps.v37i2.40565
The diagnosis was confirmed on histopathology which revealed a cyst wall line with endothelium having lymphoid aggregate and foam cells.

Post-operative period was uneventful. After one month of follow up the patient was found to be well, having no complication.
Discussion:
Mesenteric cyst were first described in the 16th century. They are one of the rarest abdominal tumours and the incidence ranges from 1: 100000 to 1: 250000 admission to hospital. Mesenteric cyst classified into four group based on etiology; Embryonic or Developmental, Traumatic or Acquired; Neoplastic and Infective or Degenerative. Based on the contents of the cyst, the mesenteric cyst can be divided into Serous, Chylous, Hemorrhagic and Chylolymphatic cyst. The Chylolymphatic cyst means contain both Chyle and Lymph. The accumulation of chyle and lymph is considered to be the result of an imbalance between the inflow and outflow of fluid. The cyst may be asymptomatic or may manifest with abdominal pain, abdominal lump or intestinal obstruction. Our patient was symptomatic with mild and long standing abdominal pain. The definitive diagnosis of these lesions is difficult prior to surgical exploration because there are no pathognomonic symptoms or characteristic imaging findings. Abdominal radiograph are usually non-contributory, however, it may reveal dilated bowel loops with air fluid in the very rare cases with intestinal obstruction which may result from compression of the adjacent bowel or by mesenteric volvulus. The diagnosis may be suggested by an ultrasound of the abdomen, which may reveal a cystic lesion in relation to the bowel loops away from the adjacent viscera. A fluid-fluid level has been reported as a characteristic finding of these cyst which result from an upper fluid level due to the chyle and a lower fluid level due to the heavier lymph.

The diagnosis may be confirmed following surgical exploration and removal of the cyst. Malignant transformation is rare and surgical removal of these cysts is usually curative.

References: