

(EP05.124). Prenatal diagnosis and postnatal surgical management of a fetal mesenteric cyst in a primigravida

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Introduction

Mesenteric cysts are rare congenital abdominal lesions. Prenatal detection is uncommon. Late-gestation ultrasound supports diagnosis and planning of postnatal management.

Case description

A 35-year-old primigravida was referred at 37+6 weeks for suspected fetal malformation. Ultrasound at 38 weeks showed a female fetus with normal growth and Doppler indices, and a **mixed solid–cystic abdominal mass (55 × 47 mm)** with bowel dilatation. Differential diagnosis included **hemorrhagic ovarian cyst** and **intestinal pathology**.

Results

A female neonate was delivered at 38 weeks (3620 g, Apgar 9/9). Postnatal CT confirmed a **simple intra-abdominal cyst** suggestive of mesenteric origin. Tumor markers were normal. Laparotomy revealed a **type I mesenteric cyst (5 × 5 cm)** with intestinal malrotation; complete excision was performed.

Postoperative complications required reintervention, but the neonate recovered well and was discharged in good condition. Final pathology confirmed a **benign mesenteric cyst**.

Key Message

Late-gestation ultrasound enabled accurate diagnosis and guided timely surgical management of a benign fetal mesenteric cyst.

Conclusion

Prenatal imaging supported diagnosis and multidisciplinary planning. Correlation with postnatal imaging and timely surgery ensured a favorable neonatal outcome.

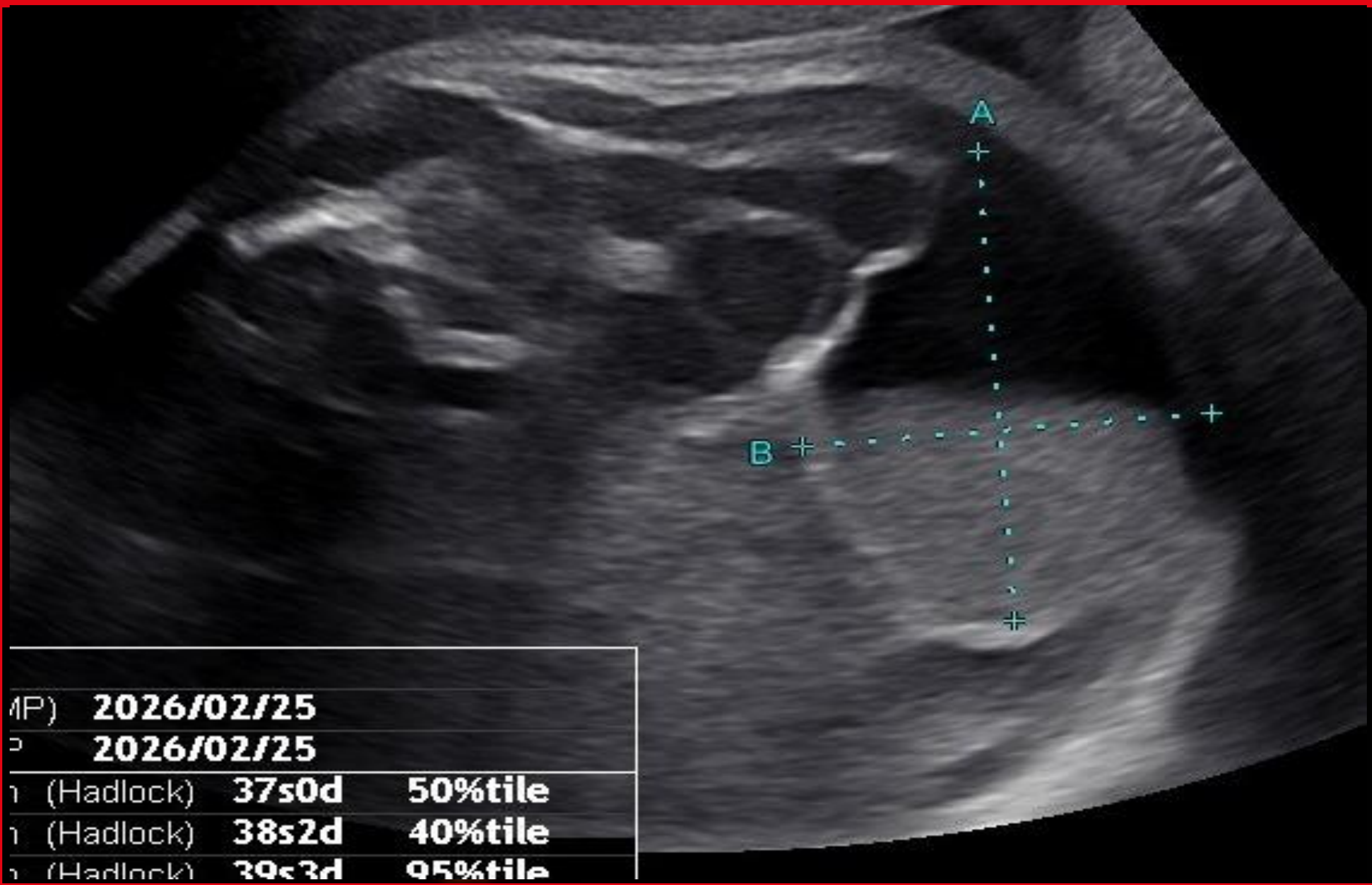


Figure 1. Fetal ultrasound showing a mixed solid–cystic abdominal mass (55 × 47 mm).



Figure 2. Sagittal ultrasound view demonstrating the fetal abdominal mass.



Figure 3. Transverse abdominal view demonstrating the fetal abdominal mass.