THE INCIDENTAL DISCOVERY OF MESENTERIC CYSTS IN AN ASYMPTOMATIC PATIENT

Calista Kee, BS[1,2]; Tara Ranjbar, MD[2]; Katerina Jou, MD[2]; Youssef El Douaihy, MD[2]; Indraneil Mukherjee, MD[2]

CUNY School of Medicine[1], Staten Island University Hospital Northwell Health[2]

INTRODUCTION

- Mesenteric cysts occur in 1 out of 250,000 admissions, commonly in the duodenal or sigmoid mesentery.
- More common in females, can occur at any age, and present variably.
- Larger cysts may cause abdominal pain, distention, nausea, and vomiting
- Often found incidentally via ultrasound or CT imaging.
- Typically benign with a low recurrence rate.

METHODS

- 38-year-old male with hypertension and hyperlipidemia presented with a two-month history of a medial malleolus wound that became necrotic. No systemic symptoms (fever, chills, night sweats, weight loss).
- CT contrast revealed multiple mesenteric cysts extending from the gallbladder to the proximal right pelvis. Endoscopic ultrasound (EUS) confirmed multiple simple cysts.

RESULTS

- Endoscopic biopsy showed rare histiocytes, some lymphocytes, and abundant proteinaceous material, with no malignant cells.
- Case discussed in a multi-disciplinary meeting; patient remains asymptomatic and will be monitored with repeat imaging in one year.

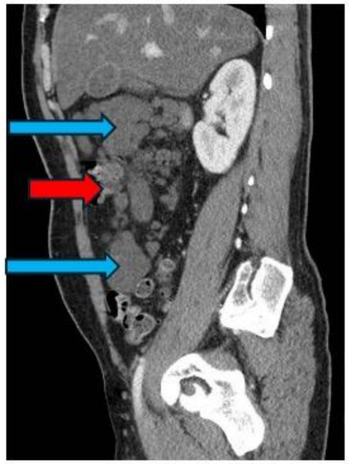


Figure 1: Sagittal**



Figure 2: Coronal**

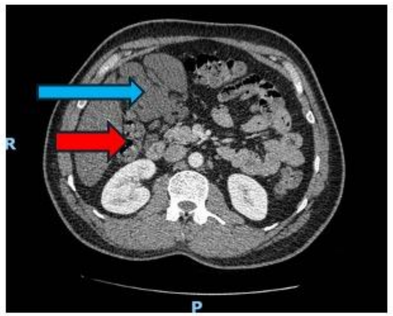


Figure 3: Axial**



Figure 4: Ultrasound**

** Long, thin, blue arrows depict cystic structures. Short, thick, red arrows portray ascending and descending colon

CONCLUSION

- Surgery for mesenteric cysts should be tailored to the individual case.
- Single large cysts should be laparoscopically excised, as they can cause complications such as torsion, hemorrhage, or rupture potentially leading to peritonitis or other serious conditions.
- A multi-quadrant polycystic disease may require the resection of multiple bowel segments.
- In asymptomatic patients, we propose to observe and wait with time, following up with the patient as needed.