OPEN MANAGEMENT OF RARE AND GIANT MESENTERIC CYST IN THE ABDOMINAL CAVITY: A CASE REPORT

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Introduction

Definition	Incidence	Gender	Size
Benign tumor lesion	1/100.000 adults 1/20.000 kids	2:1 women:men	2-35 cm

According to **Perrot** they are classified according to clinical and etiological characteristics as: **lymphatic, mesothelial, enteric, urogenital, mature cystic teratoma and non-pancreatic pseudocyst**. Patients tend to consult for nonspecific symptoms such as diffuse abdominal pain, distension, nausea and vomiting.

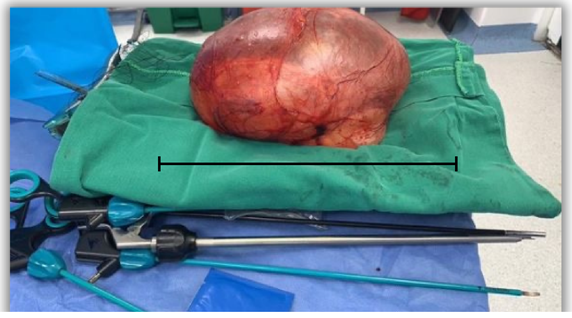
Content

Serous, hemorrhagic, purulent, or chylous content.	It can be unilocular or multilocular.	**3%** can become malignant

Methods:

Sex	Female
Age	63 years old
Past medical history	None
Symptoms	• Chronic diffuse abdominal pain • Abdominal distension • Sensation of a mass with progressive growth • Subjective weight loss

She was diagnosed with a multilocular **giant mesenteric cyst** measuring **40x50cm**, which is why he was taken to laparotomy for drainage and resection.



Results:

Although laparoscopic resection is recommended, given the magnitude of the cyst, the patient's symptoms and the **3% risk of malignancy**, a **laparotomy** was required in order to verify that the **resection** was **complete** and **without rupture**. In this way, preventing future complications such as hemorrhage, compression, infection and torsion. Therefore, a complete resection was guaranteed and rupture of the cyst was avoided to prevent contamination, chemical peritonitis and recurrence.

Conclusions:

This case is of great relevance not only because of its distinctive size, but because mesenteric cysts represent an important diagnostic and therapeutic challenge, since it is a rare pathology, which also presents with very nonspecific symptoms.





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