A Rare Presentation of Mass Abdomen

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Received: 21 February 2009 / Accepted: 10 July 2009 / Published online: 12 February 2011
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Abstract An elderly male who had undergone inguinal hernia surgery eight years back presented with an intra-abdominal mass. Clinically and radiologically it was diagnosed as mesenteric cyst. Laparotomy revealed a thick walled cyst embedded in the omentum, containing brownish necrotic material and few ‘linen thread knots’. On the basis of the latter finding the mass was thought to be a walled off hematoma, a complication of previous hernia surgery. Such a complication of inguinal surgery has not been reported earlier.

Keywords Omental mass · Silk suture

A 54 yrs male presented with vague pain in the upper abdomen for the past 3 months. On examination he was found to have an ill-defined mass occupying the right hypochondrium and lumbar region and a scar in the right inguinal area pertaining to hernia surgery 8 yrs back. Ultrasonography of abdomen revealed a mixed echogenic mass in right hypochondrium. Contrast enhanced computerized tomography (CECT) of abdomen confirmed a thick encapsulated hypodense mass measuring approximately 6×8 cm in diameter (Fig. 1). With a preoperative diagnosis of mesenteric cyst, the patient was subjected to laparotomy. Exploration of abdomen revealed an encapsulated mass of approximately 8 cm in diameter in the omentum, which was excised. On cutting it open it was found to contain semisolid brownish material and a few linen suture knots (Fig. 2). The histology of the cyst wall showed inflammatory pathology.

It is possible that during the hernia surgery 8 yrs back, the excess of omentum presenting as hernial content was

Fig. 1 CECT abdomen showing the mass in the right abdomen

Fig. 2 The cut open specimen showing a thick walled cyst. Knotted old suture material (Inset) retrieved after cutting open the mass

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excised & reduced to the abdominal cavity. Improper hemostasis of the excised omentum might have resulted in a localized hematoma that acquired a fibrous wall in course of time. Presence of linen thread knots was a pointer to the above conclusion. The size of hematoma was not large enough to manifest in the immediate postoperative period.

An uneventful recovery after the hernia surgery was stated by the patient on retrospective enquiry.

This case should be considered a rare complication of hernia surgery hitherto unreported. A detailed search of available literatures could not provide any reference or report of such clinical incidence.