Pseudomyxoma peritonei

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A 63-year-old housewife presented with progressive abdominal distention and loss of appetite of 2 months duration. She had a past history of surgery for an abdominal mass 3 years back and she underwent exploration laparotomy and detected a left ovarian tumor and an appendicular swelling. Bilateral oophorectomy with appendectomy was done and drained three liters of gelatinous material. The biopsy came as ruptured appendiceal mucinous neoplasm and mucinous cyst of ovary. The patient was asymptomatic for the last 3 years till for the present admission.

Abdominal ultrasonography revealed a moderate amount of ascites, with no organomegaly. An abdominocentesis under ultrasound guidance was performed. The ascitic fluid aspirate contained a large amount of red jelly-like mucus. Computed tomography of abdomen revealed massive fluid collection in the abdomen and pelvis with multiple septations and loculations (Fig. 1). The fluid material was similar to fat in density, which was suggestive of Pseudomyxoma peritonei (PMP).

A laparotomy was performed, a large volume of gelatinous material was found in side the peritoneal cavity with appearance of ‘jelly belly’ (Fig. 2). Approximately around four liters of the red jelly material was drained. A nearly complete absence of mucinous material on the intestinal surfaces was noticed. A debulking of gelatinous fluid material present within the abdominal cavity, omentectomy and splenectomy was performed. The gelatinous material was sent for histopathology and it was consistent with

PMP. The postoperative period was uneventful and she was discharged on 14th postoperative day. Patient is currently doing well at a 6 months post-operative follow-up visit.

PMP is a rare condition characterized by a large amount of mucinous ascites in the abdominal cavity. It is associated with fibroblastic and vascular proliferation that is probably incited by the mucin. This results in multifocal peritoneal, serosal and omental implants admixed with mucin accumulation within the abdomen and pelvis resulting in the belly full of jelly – “the jelly belly” appearance. The appendix is the primary source of most PMPs, which may then spread to other sites like the ovaries [1]. The precise site of origin is difficult to detect in severe, aggressive form of the disease. The mainstay of the treatment is extensive surgical cytoreduction in combination with

Fig. 1 Computed tomography of abdomen showing massive fluid collection in the abdomen and pelvis with multiple septations and loculations, similar to fat in density, which was consistent with PMP

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Fig. 2 Photograph of laparotomy showing large volume of gelatinous material found in side the peritoneal cavity with appearance of ‘jelly belly’

intraoperative hyperthermic intraperitoneal chemotherapy using 5-fluorouracil and mitomycin C [2, 3, 4].

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