Rare Case Report: Mesocolonic Dermoid Cyst

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Received: 7 October 2010 / Accepted: 14 April 2012 / Published online: 8 May 2012
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Abstract Mesenteric cysts are one of the most rare intra-abdominal tumours [1], classified as chylolymphatic, mesothelial (simple), enterogenous, urogenital remnant, dermoid cyst (teratomatous), gas, mycotic, parasitic, tubercular cysts and cysts following malignant degeneration [2]. Dermoid cysts are uncommon mesenteric cysts [3]. Cysts of the mesocolon are rare and usually differentiated from a mesenteric cyst only at the operation [4]. We here report a rare case of a dermoid cyst that was present in the mesentery of the transverse colon.

Keywords Mesocolon • Dermoidcyst

Case Report

A 25-year-old female presented with complaints of painless lump in the abdomen.

Abdominal examination revealed 8×7 cm palpable lump in the left hypochondrium.

Her haematological investigations were normal. Computed tomography scan of the abdomen showed features of a dermoid, germ cell tumour in the mesocolon.

The patient underwent exploratory laparotomy with complete excision of the cyst (Fig. 1). Her postoperative recovery was uneventful and was discharged on the fifth day.

The cyst contained grey white pultaceous material within it, with areas of solid tissue.

Histopathology Report

The cyst wall was lined by mature epidermis surrounded by numerous cartilagenous tissues and blood vessels embedded in smooth muscle tissues (Fig. 2).

Discussion

Mesenteric dermoid cysts are rare abdominal tumours [1], and mesocolonic dermoid being even rarer. Incidence varying from 1 in 1,00,000 to 2,50,000 admissions [1, 5]. Clinico-radiologically, mesenteric cysts are very difficult to diagnose.

Cysts that are present in mesentery, omentum and retroperitoneum are comparable embryologically and pathologically [6]. These anatomical structures are all lined by peritoneum and composed of connective tissues containing fat, lymphatic channels, blood vessels, scant muscle fibres and neural tissues. Therefore, cysts arising in any of these locations may arise from any of these different tissues [7].

Mesenteric cysts other than enterogenous cysts are treated surgically by enucleation without hampering the

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Fig. 1 Dermoid cyst originating from transverse mesocolon

Fig. 2 Histopathological picture of the dermoid cyst

bowel blood supply. This is due to the fact that these cysts have their own blood supply. An enterogenous cyst, however, shares the blood supply of the bowel, and hence is treated by resection and anastomosis [8].

Mesocolonic dermoid cyst in adult is the first case to be reported as per the MEDLINE Database

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