CLINICAL SNAPSHOT

Abdominal Cocoon Syndrome

A 37-year-old Iraqi man presented with increasing abdominal pain and weight loss over a number of months. Despite exhaustive diagnostic efforts, the cause of his sonographically confirmed subileus with mild ascites and moderately elevated inflammatory markers had not been found. A new computed tomography scan showed mechanical small intestinal ileus that arose from encapsulation of loops of small intestine by a membrane (arrow). Exploratory laparotomy confirmed this finding. Adhesiolysis and resection of the various portions of the membrane were carried out. This rare phenomenon is known in the literature as sclerosing encapsulating peritonitis or abdominal cocoon syndrome. The cause may be a chronic infection, e.g., in tuberculosis. Surgical restoration is always necessary.

Despite unspecific histological findings and negative microscopy and polymerase chain reaction (PCR) for tuberculosis (but a positive interferon-gamma release assay [Tbc-Elispot]), we initiated quadruple tuberculostatic treatment. This fully relieved the patient's symptoms in a matter of weeks, and follow-up sonography and clinical chemistry showed normal findings.

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Axial reconstruction: Abdominal computed tomography with contrast medium and oral contrast enhancement, showing encapsulated loops of small intestine surrounded by a coarse membrane (arrow) resembling a cocoon. This indicates the presence of sclerosing encapsulating peritonitis (abdominal cocoon syndrome). The small intestinal loops upstream are greatly enlarged due to the resulting blockage.