

Laparoscopic Resection of a Mesenteric (Mesothelial) Cyst

Mesenteric cysts can be classified into specific categories that have a bearing on clinical management (1). Mesothelial cysts are less aggressive than other categories, due to their loose attachments to the surrounding tissues, allowing straightforward laparoscopic excision (2,3).

A healthy 26-year-old woman, without obesity, presented with upper abdominal pain associated with postprandial fullness. An abdominal ultrasound examination revealed an irregular fluid collection measuring 6 × 5 cm in the upper abdomen. Laparoscopy was performed using a 30° laparoscope, with the patient under general anesthesia and with monitoring of the end-tidal carbon dioxide level, and a retroperitoneal cyst was found (Figure 1). There were firm adhesions between the cyst and the transverse colon and omentum. The colon adhesions were transected, and the omentum was easily peeled from the cyst. Double Endoclips were placed on larger vessels prior to transection, and smaller vessels were coagulated. The cyst was aspirated, decompressed, and removed inside an Endobag (Figure 2a).

The operation lasted 60 minutes, and the cytology showed no malignant cells (Figure 2b). The postoperative period was uneventful, and the patient was discharged after 24 hours, returning to routine activities five days after the operation. Using imaging methods to establish the category of cyst involved (1), with laparoscopic excision of mesothelial cysts, is recommended.

S. Roll, J. L. M. C. Azevedo, F. Campos, W. Gorski, O. Azevedo
Santa Rita Hospital, São Paulo, Brazil

References

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Corresponding Author

J. L. M. C. Azevedo, M.D.
Rua Coronel Lisboa, 805
CEP 04020-040
Vila Clementino
São Paulo
Brazil
Fax: +55-11-573-1752

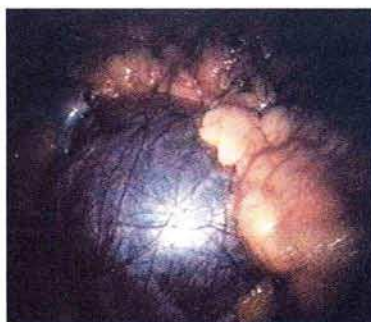


Figure 1: Intra-operative view of the mesenteric cyst in situ, just before the start of laparoscopic dissection.



Figure 2a: Surgical specimen of the mesothelial cyst, 6 × 5 cm in size.



Figure 2b: The histology shows mesothelial cells lining the inner surface of the cyst.