

**Case No. 4 – June 2004**

Male – age: 20

**Medical History:** no important pathological events

**Disease onset:** some months ago

Abdominal tension and palpable mass in the mesogastric region.

**Physical examination**

A palpable and visible mass, 15-20 cm in diameter, in the mesogastric-hypochondriac region, painless, with elastic texture, not very movable, without pulsation, not modified by respiratory acts, and dull at percussion.

**Laboratory examinations:** nothing noteworthy.

**Ultrasonography – CT:** cystic growth, 15 cm, with internal echoes. (Fig.1)

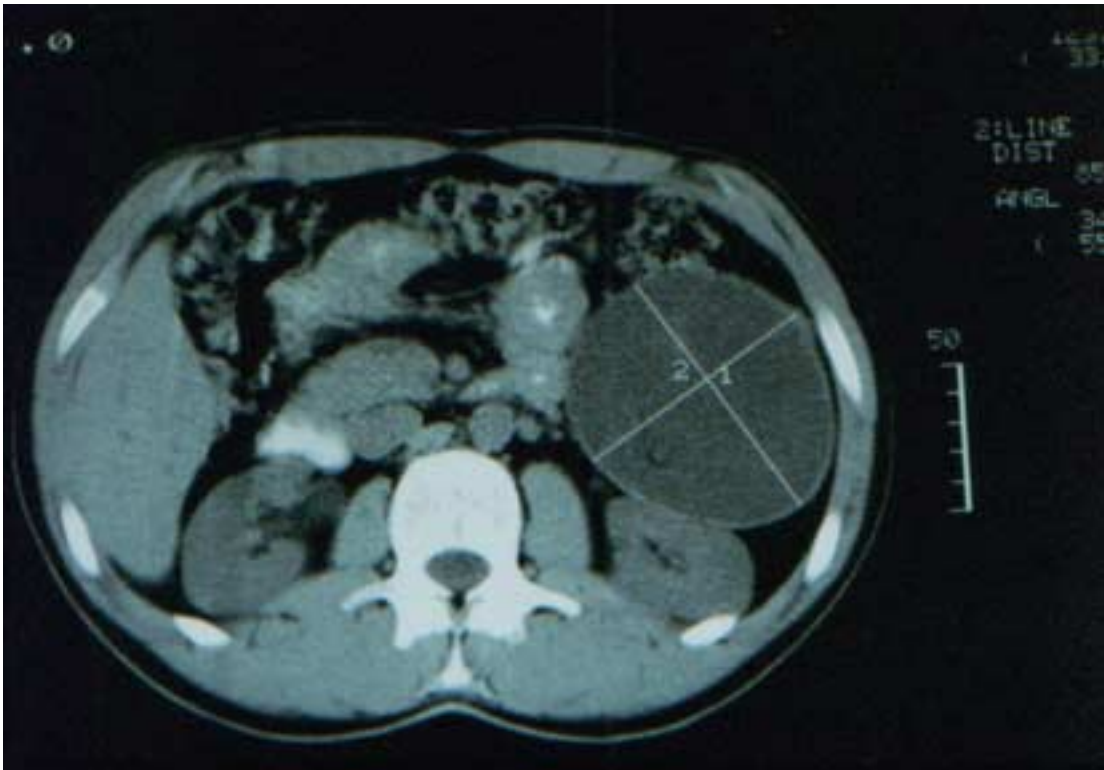


Fig. 1

## Surgery:

Pneumoperitoneum, CO<sub>2</sub>/12 mm Hg, is created by umbilical Verres needle. Three trocars are inserted as follows: umbilicus, along the xipho-umbilical line, at the crossing between the prolongation of the left hemiclavear line and transverse umbilical line. A large mass is visualized on the left, behind the gastro-colic ligament, above the transverse colon; the left colic flexure is pushed down. The spleen is swollen and pushed up (1°video). The gastro-colic ligament is opened and the cyst is exposed (2°video) and dissected. At the back it is connected to the pancreas and mesenteric vessels (3°,4° video). Median, xipho-umbilical laparotomy. The cyst is dissected from the posterior field and removed (figs. 2, 3) from the abdominal cavity. Toilet of the peritoneal cavity. Suture of the abdominal wall.

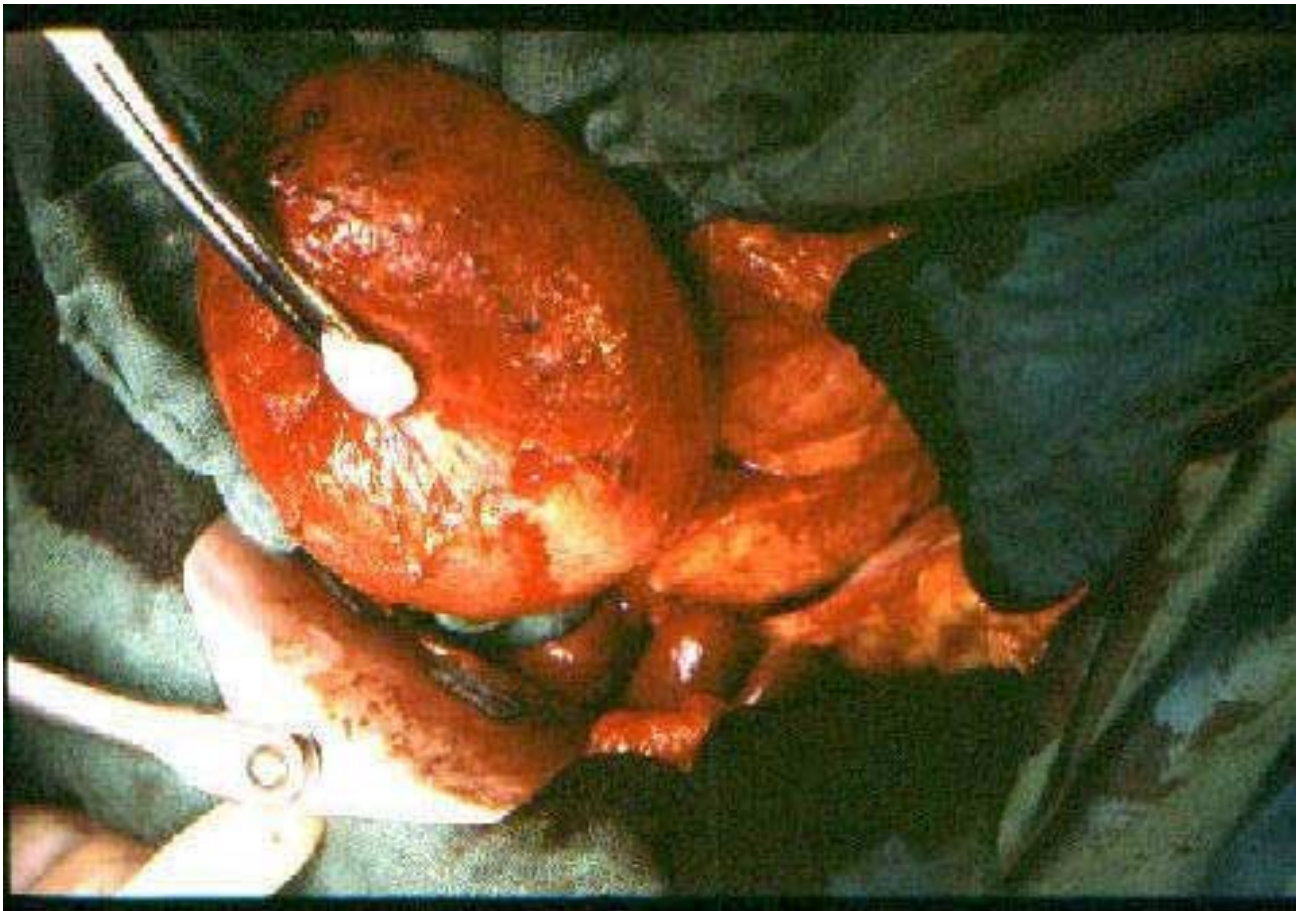


Fig. 2

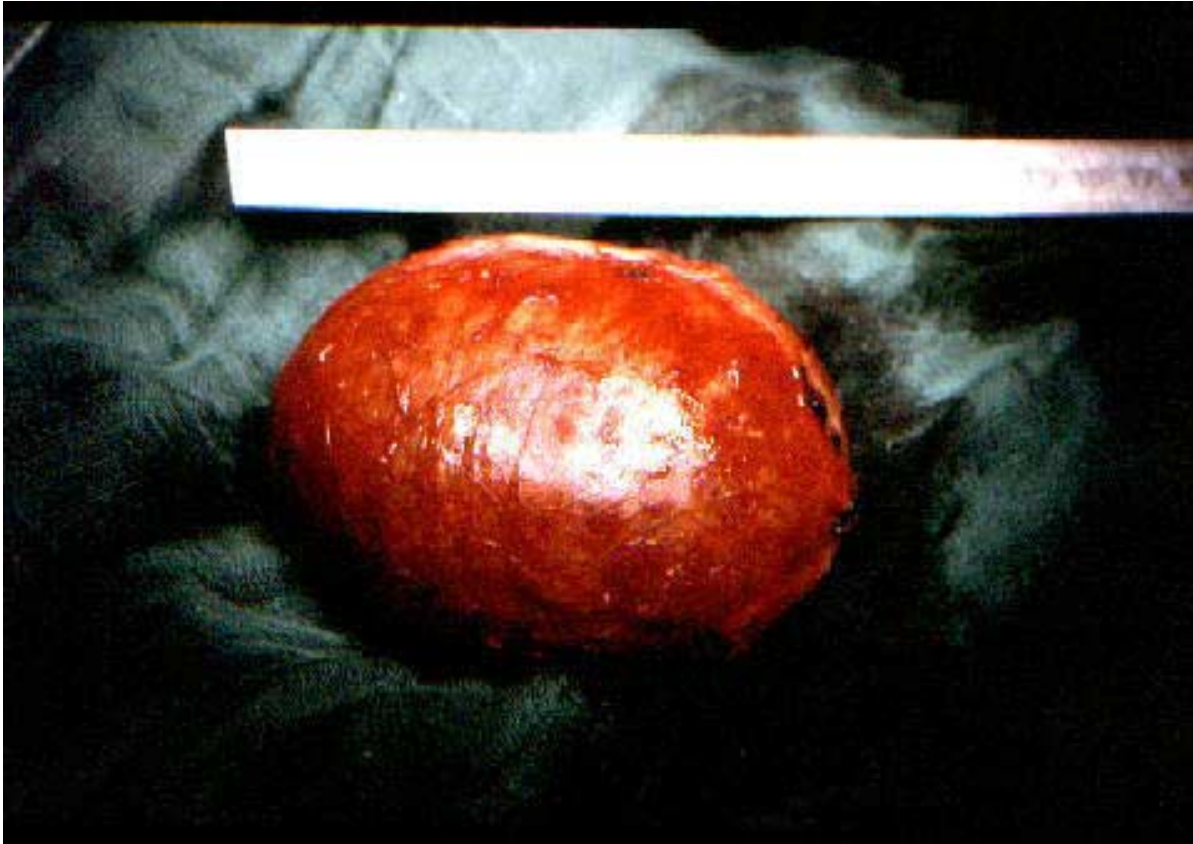


Fig. 3

**Pathology:** the cyst contains brown, turbid liquid and clot-like materials.

**Histopathological findings:** fibro-sclerosis of the cystic walls only focally lined with flat cells, positive to vascular markers (CD31, CD34, VIII factor)

Nothing to report on the post-operative period, outcome or follow-up.

**Remarks**

- Young age of the patient
- Absence of previous pathological events
- Epiploon back cavity localization
- Connection with the pancreas
- Pathological findings: thickened, sclerotic wall positive to vascular markers

This case, with the above mentioned characteristics, seems unusual both to my knowledge and in light of the medical literature.