Bilateral inflamed paratubal cysts

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ABSTRACT

Paramesonephric duct remnants are an infrequent cause of abdominal symptoms in childhood. Preoperative diagnosis is often difficult and diagnosis is usually made at surgery. We report a rare presentation of an acute abdomen in a child with bilateral inflamed fimbrial cysts. Ultrasound revealed the presence of a multicystic lesion behind bladder. It was only at laparotomy the diagnosis of bilateral inflamed fimbrial cysts was establsihed. These were excised and the child made an uneventful post operative recovery.

INRODUCTION

Cysts related to the Mullerian system usually occur in paraovarian (1) or paratubal regions (2). They rarely become symptomatic in childhood (3). The symptoms are usually due to their size or torsion (4,5,6). We are describing a case of bilateral inflamed paratubal cysts. To our knowledge this has not been described in the English literature.

CASE REPORT

An eleven year old girl presented to the emergency department with a twenty four history of abdominal pain, fever and nausea. She had also complained of loose stools and difficulty in micturition. She had been catheterised at her local hospital prior to transfer. This was the first episode of such pain. She had not attained menarche. Her previous medical history was complex. She was born at thirty one weeks gestation. She had several laparotomies and stoma formation for necrotising enterocolitis. The stoma was finally closed at two years of age. She was born with Tetralogy of Fallot which was operated upon. Her other problems included bilateral occipital periventricular leukomalacia with visual impairment. She also had hydrocephalus and required ventriculoperitoneal shunt insertion which was complicated by meningitis. The shunt was subsequently removed. She had a normal karyotype (46XX) with no chromosomal abnormality. On presentation she was clinically dehydrated, pyrexial, and the lower abdomen was full with tenderness in the right iliac fossa and hypogastrium. Inflammatory markers showed elevated C-Reactive Protein of 331 mg/ml (normal