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A case of abdominal enteric cyst in China

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ABSTRACT

To investigate a case of abdominal enteric cyst in China. The patient was admitted to the china-japan Friendship Hospital of Jilin University, which was due to intermittent pain in the left side for the last 4 months. In this surgery, CT was used to diagnose the basic condition of the patient. Surgery was used for Treatment of patients with diseases. As soon as patients have been successfully operated by laparoscopic surgery.

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1. Introduction

Abdominal enteric cyst is the cystic mass [1]. It is produced from foregut ectopic embryonic residual organization [1]. It may occur in any part of human body. It is relatively rare in clinical [2]. Such diseases occur in the spinal canal and intracranial in the vast majority [3]. Abdominal enteric cyst constrict nerve root compression, which lead to nerve root pain [4]. In addition, a few of abdominal enteric cyst occur in the mediastinum, chest, abdominal, and so on [5]. In this paper, abdominal enteric cyst was treated by laparoscopic surgery in china.

2. Case report

Female patient was thirty-six years old. She was admitted to the china-japan Friendship Hospital of Jilin University, which was due to intermittent pain in the left side for the last 4 months. There was no significant change in the course of the disease, such as palpitations, shortness of breath, no cough, sputum, no urinary frequency, urgency and dysuria, and so on. The left abdomen found a mass. Its size was about 7 cm × 3 cm (Fig. 1). The border of mass was unclear, irregular shape, poor mobility. Its relationship was unclear with the surrounding tissue. The patient's abdomen was no tenderness, no rebound tenderness and muscle tension.

3. Auxiliary examination

Cystic low density shadow was found in left abdomen (descending Colon) by abdominal CT (Fig. 2). Its size was about 1.3 cm × 4 cm × 7 cm. The wall of Cystic low density shadow was thick and coarse. In addition, its surrounding fat tissue was slightly turbid. It was similar to the descending colon in local tissue. Edge of the spleen and adjacent peritoneum boundary was unclear. There's an obvious thickening in local peritoneal.

4. Treatment

The patient was diagnosed with abdominal mass by patient symptoms, signs and auxiliary examination. Laparoscopic exploration was used in this patient. The patient found a dumbbell-shaped tumor in the descending colon (Fig. 3), and its size was 15 cm × 7 cm × 7 cm. Dumbbell-shaped tumor was characterized by soft, cystic, smooth surface, clear boundary. Dumbbell-shaped tumor was removed with a 3 cm by surgery.

5. Postoperative pathology

Dumbbell-shaped tumor was cut open, which saw the end of the capsule inside the brown viscous liquid. One end of the capsule saw the light yellow clear liquid (Fig. 4). The capsule was chronic inflammation with bleeding and calcification, and didn't see epithelial cells, cholesterol crystals.

6. Discussion

Enteric cysts were first reported in 1928 by Kubie and Ful-ton [6,7]. The disease can occur at any site or tissue of the body

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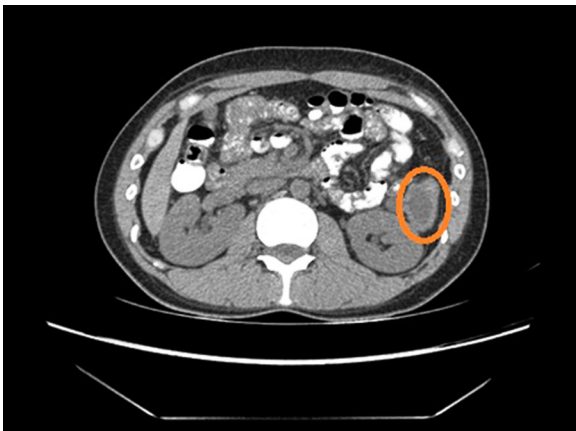


Fig. 1. A mass CT.

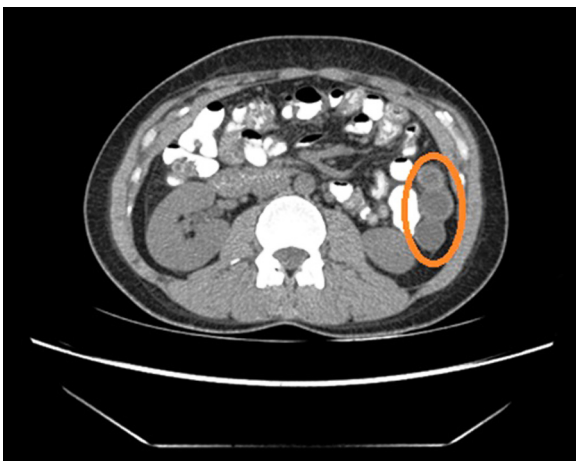


Fig. 2. Cystic low density shadow CT.



Fig. 3. A dumbbell-shaped tumor CT.

[8]. The study found that most of the disease occur in the central nervous system such as the spinal canal and intracranial [8]. At present, the incidence of children and adolescents is higher and the incidence of males is higher than that of females [9]. It is the performance of the corresponding parts on the nerve root pain in clinical [4]. It can self-mitigation, recurrent. In addition, there are the corresponding feeling and movement disorders. The study found that the rest of the intestinal cysts can occur in the mediastinal, thoracic, abdominal and other parts. It is rare in the abdominal

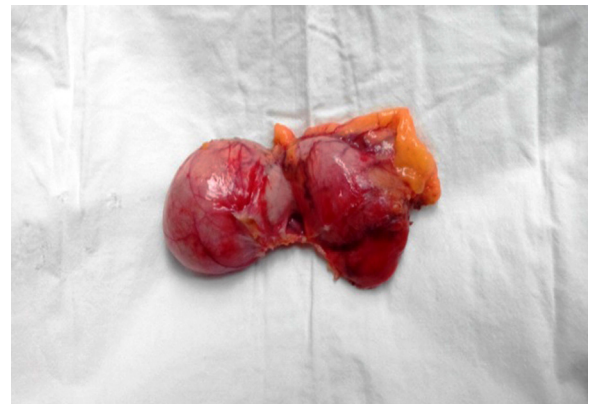


Fig. 4. Light yellow clear liquid.

cavity. As the same time, it was gradually increased with the tumor volume. Thus, it could oppress the adjacent organs and produce the corresponding symptoms. It is reported that there is no specific clinical examination of peritoneal intestinal cysts. Abdominal color Doppler ultrasound or abdominal CD can be effectively found intraperitoneal cystic mass. In this experiment, Abdominal color Doppler ultrasound or abdominal CD results showed one side of the capsule wall was the lining of the epithelial gland. The side of the wall was mostly smooth muscle tissue. Finally, the cysts were successfully removed by laparoscopy, the patients had been effectively treated by surgery. The work has been reported in line with the SCARE criteria [10].

7. Conclusion

In short, the aim was to provide a fast and comfortable treatment for patients suffering from this disease worldwide.

Consent

Written informed consent was obtained from the patient for publication of this Case report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal. Patients and their families have been informed consent.

Competing interests

The authors have no conflicts of interests.

Authors' contributions

All authors read and approved the final manuscript.

Authors' information

Not applicable.

Ethical approval

This case has been informed by patients and their families.

Guarantor

Shen Zhen.

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