

Extremely rare cause of acute abdomen in a child

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A 5-year-old boy presented to our emergency department because of sudden onset of abdominal pain and nausea that begun two days before admission. The pain was located at whole right hemiabdomen, especially periumbilically and in the upper right quadrant. The patient had no past medical history. The patient was conscious, his blood pressure of 115/75 mmHg, pulse 84 beats/min, and body temperature 36.6°C. On physical examination palpable mass in the epigastrium and right upper quadrant was found. The patient had direct and rebound tenderness on the right side, especially in right upper quadrant accompanied with abdominal distension. The white blood cell count was $12.40 \times 10^9/l$ and C reactive protein level was 26.6 mg/l. All other laboratory examinations showed normal values. Abdominal ultrasonography revealed the presence of a giant cyst in whole right hemiabdomen and measuring 12.6 x 10.0 cm. Findings prompted a subsequent CT scan of abdomen (Fig. 1).

Questions :

1. What does the Figure 1 show?
2. What is a possible differential diagnosis of intra-peritoneal cystic masses in children?
3. What is the possible reason of sudden onset of abdominal pain and nausea?

Answers:

1. Computed tomography demonstrated an in-capsulated, low attenuation, huge cystic lesion along the lesser curvature of the stomach occupying whole right hemiabdomen.
2. Differential diagnosis include: pancreatic pseudocysts, choledochal cysts, enteric duplication cysts, cystic mesotheliomas, mesenteric cysts, cystic lymphangiomas and ascites.
3. Torsion of the cystic mass is the possible reason of the sudden onset of abdominal pain and nausea.

An exploratory laparotomy was performed and revealed a giant haemorrhagic cystic mass in the right hemiabdomen. Near complete drainage of the mass (total of 2L of haemorrhagic fluid) was required to gain access to the abdominal cavity. The tumor was then observed to originate from the lesser curvature of the stomach and it was twisted for 720° (Fig. 2). The tumour was removed intact. The final pathohistological diagnosis was cystic lymphangioma.

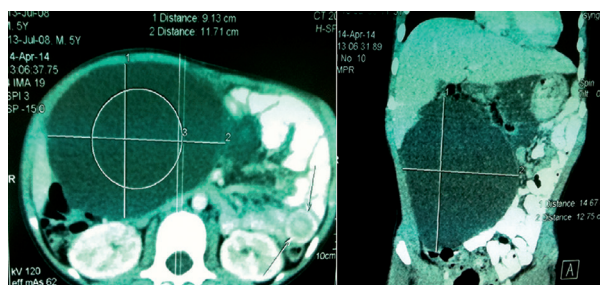


Fig. 1. — Computed tomography scan of the abdomen.

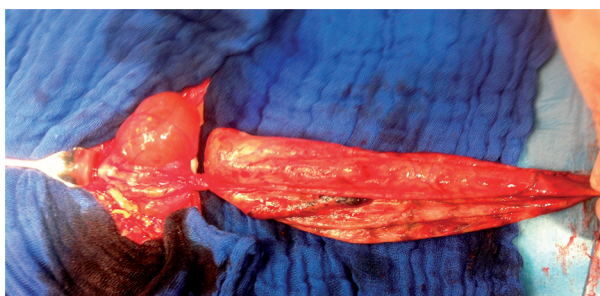


Fig. 2. — Intra-operative photograph : Twisted cystic mass arising from the lesser curvature of the stomach.

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