

History

• 27 years old Saudi gentleman not known to have any chronic illness presented to our ER on Tues 9th Dec 2008 @ 14:15 PM complaining of :-

- 1- Abdominal Pain
- 2- Abdominal Distension
- 3- Vomiting



Case Presentation

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Past History

- Medical history:- -ve
- Surgical history :- -ve
- Social History :- irrelevant
- Family History :- irrelevant

History of Present illness

- Patient was well till 1 day prior to Admission when he started to Complain of Sudden onset of Abdominal pain , colicky in nature , allover the Abdomen , constant , Ass. With Abdominal Distension & Frequent vomiting 5 times , small amount each, greenish not mixed with blood or mucous , no hx. Of fever , or change of bowel Habits , no hx. Of Dysphasia or Dyspnia , no hx. Of bleeding per rectum , no hx. Of Urinary Symptoms.

Local Examination

- Abdomen was Mildely Distended , Guarding allover with Tenderness allover esp. Lower Abdomen .
- +ve Rebound Tenderness , Bowel Sounds audible but weak ,
- PR exam :- normal Stool .

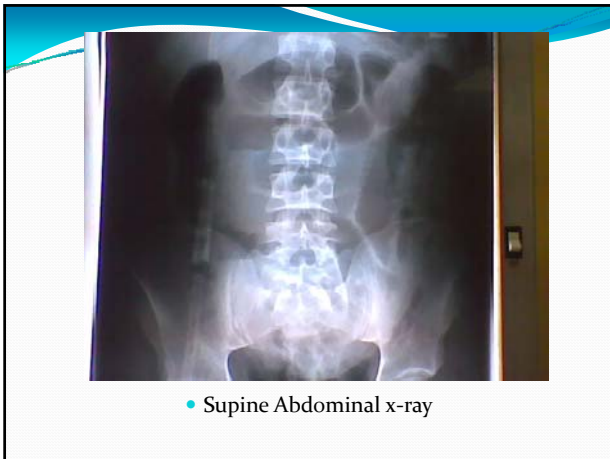
Examination On Admission

- Patient was conscious, alert , oriented GCS 15/15 he looked ill , in Sever Pain , Not Dehydrated , not in Respiratory Distress .

• Vital Signs :- T 36.7 C P 62/min
BP 121/79 mmhg RR 20/min

- H & N
- Chest
- CVS
- CNS



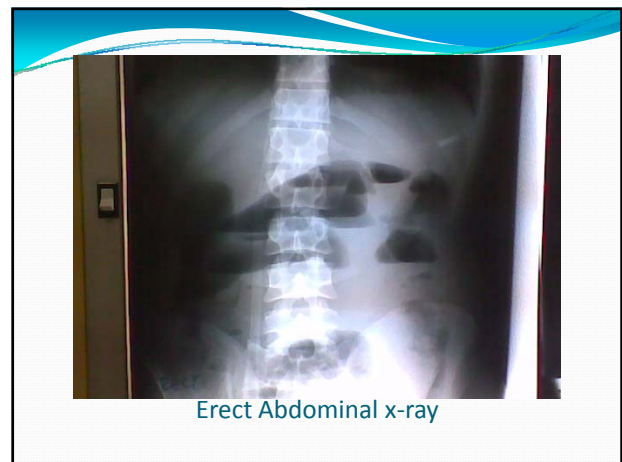


Hospital Course

- Patient was admitted to the ward where :-
- NGT inserted → greenish Fluid no blood
- Folly s Catheter inserted → Clear Urine.
- ECG → Normal
- Abdominal X-ray (Erect + Supine)
- Multiple Air Fluid Levels with Distended Small Bowel Loops , No Air Under Diaphragm.
- Abdominal U/S :- Distended Bowel Loops with fluid inside .

Continue Management

- Patient started on Antibiotics :-
- Cefotaxime 1 gram IV q 8 hr for 5 days
- Flagyl 500 mg IV q 8 hr for 5 days
- Also :-
- Analgesics



Provisional Diagnosis

- Acute Surgical Abdomen , most Likely due to :-
- 1- Intestinal Obstruction of Small bowel , ? cause
- 2- ? Perforated Sealed Duodenal Ulcer
- 3- ? Perforated Appendix

CBC , S. Lytes , LFT , RFT

on admission	6 hours post admission	1 st day post OP
HB 16.6	16.2	12.9
WBC 10.4	12.4	13.1
Hct 47.4	48.4	38.5
PLT 277	336	443
LFT, RFT, Sr. Amylase WNL		
Total Proteins 77		46 low
Albumin 43		26 Low



Plan of Management

- Patient was kept under observation for 4 hours , but there was no improvement.
- @ 9:00 pm on same day of admission , Decision of exploration was taken & patient was prepared for Exploration Laparotomy .
- & through Midline Incision , we found :-



Intra-operative Findings

- Huge Intra-peritoneal Cyst , Enclosing all Abdominal cavity with all Small Bowel inside the Cyst , Dissection of the Cyst all around with Retraction of the colon .
- Dudenoujuenal junction was not apparent , it was enclosed behind the cyst . Only few centimeters from Terminal iluem were identified from the lower border of the Cyst.
- Opening of the Cyst was done & all Small Bowel came out , there was Dilated Proximal small Bowel loops & empty Distal loop with congenital Band about 70 cm from iliocecal Junction which was removed with release of all bowel loops till the iliocecal Junction.

Continue Intra-operative Find.

- Exploration of all small bowel , colon , stomach , Liver & Spleen was done ----- NAD
- Good peritoneal Toilet was done , Suction Drain on the pelvis inserted .
- Wound was closed in Layers & skin Closed with Clips.
- Sample from the Cyst was sent for Histopathology , Result was :- Benign Congested Cyst lined by Single layer of Cuboidal Cells in Keeping with Benign Mesentric Cyst .No evidence of Malignancy .



On 5th Post OP Day

- Patient was afebrile , stable , tolerating normal Diet , no complaints , Ambulating
- Hemovac Drain only 10 ml / 24hr. Removed
- Dressing of the wound was done it was clean & dry
- Patient was discharged in good general condition & given App. For F/U in OPD.

1 st day Post OP	2 nd Day Post OP	3 rd Day Post OP	4 th Day Post OP
Abdomen is soft , lax Audible Bowel Sounds V/S stable , afebrile	Abdomen is Clinically free Wound is Clean & Dry, Dressing Done V/S stable , Afebrile Hg was 8.7 He recived 2 units PRBCs	Abdomen is soft , lax , no guarding , no rigidity, Bowel sounds +ve V/S Feverish 38 c Otherwise stable He passed bowel motion ,Started on fluid Diet Hb 9.8 g/dl	Patient start to Ambulate , passing stool & Flatus. Started on normal Diet. Hb was 11 g/dl

Hemovac 400 ml/24hr (Bloody)	Hemovac 400 ml/24hr (Bloody)	Hemovac 330 ml/24hr (Serousangoius)	Hemovac 150 ml/24hr (Serous)
NGT 670 ml / 24hr (greenish)	NGT Nil / 24hr (greenish)	NGT Nil / 24hr (Removed) Folly s Cath. Removed	

Thank you

Final Diagnosis

- Congenital Mesentric Cyst with Small Bowel Obstruction Due to Congenital Fibrous Band