Omental Cyst – An uncommon entity

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ABSTRACT

Omental cysts are rare and usually present with painless abdominal distension. Complete excision of the cyst is the treatment of choice. We report a three year old boy who presented with the complaints of vague abdominal pain and distension. He had an uneventful laparotomy with complete excision of the cyst.

Key words Omental cyst, Lymphatic, Child.

INTRODUCTION:

Cystic lesions of the omentum, mesentery and retroperitoneum have been grouped together in the same category by several authors because they have similar embryology and pathology.[1] First case of omental cyst was published in 1852 by Gairdner.[2] Omental cysts occur three to ten times less frequently than mesenteric cyst.[3] The incidence of both cyst types has been variously reported to vary from 1/105,000-140,000 hospitalized patients.[4] A high index of suspicion is required to make a clinical diagnosis. Omental cyst is usually asymptomatic but may produce symptoms when complications occur like torsion, rupture, infection, internal haemorrhage etc. We report one such case.

CASE REPORT:

A 3 year old boy presented with abdominal distension. His mother had noted increasing abdominal girth for about last 4 months which was associated with mild dull aching pain all over the abdomen. There was no history of vomiting, fever, jaundice, swelling of face or legs or any other gastrointestinal symptoms. On examination, the child was irritable with pallor. His heart rate was 88/minute, blood pressure 100/60 mm of Hg and weight 15 Kg.

The abdomen was hugely distended with everted umbilicus and mild tenderness all over. Liver and spleen were not enlarged. Percussion note was dull. On investigation, complete blood count was normal except haemoglobin which was 10.5 gm/dl. Ultrasound abdomen showed large (13.5cm x 10.5cm) multiloculated cyst with no definite origin. With this clinical and imaging findings a provisional diagnosis of mesenteric or omental cyst was made. Patient underwent laparotomy and a huge, soft, multiloculated, thin walled cyst arising from greater omentum was excised completely. Postoperative recovery was uneventful. The cyst was 15cm X 12 cm in size and weigh 3200 Gram (Fig. I). Histopathological examination showed mostly lymphoid tissue with reactive hyperplasia and increased vascularity. No evidence of malignancy or granuloma noted.

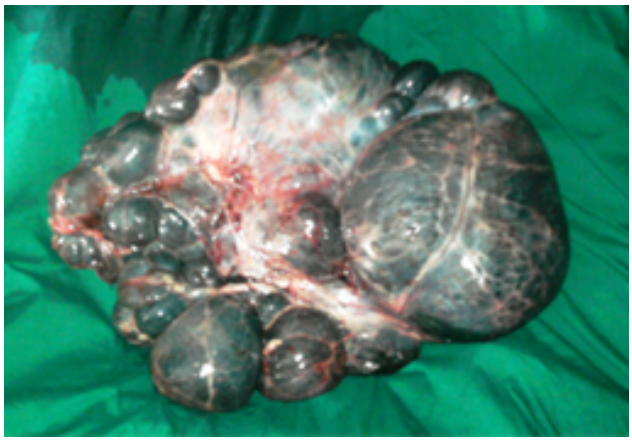

Fig I: Postoperative photograph of omental cyst.

DISCUSSION:

Omental cyst is a rare intra-abdominal mass, mostly derived from lymphatic tissue. It occurs in all age groups but most often presents in children and young adults.[5] Mesenteric and omental cysts are congenital abdominal lesions.[6] However, most reported cases as in this presentation occurred in adults, while one third of cases are reported in children younger than

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15 years.[7] Probably, the benign nature of these cysts, their generally asymptomatic nature unless when complicated and the non-hindrance on patient day to day activities make affected patient not to present for medical attention until gross abdominal swelling had set in. Malignant change has been reported, but is uncommon. Hardin and Hardy reported that transformation to malignancy in omental cyst is usually of low-grade sarcoma type and carry a good prognosis if properly excised.[8] A complete resection is mandatory because of the high incidence of relapse.[6]

Omental cysts are restricted to the lesser or greater omentum and are lined by endothelium. Omental cysts are thought to represent benign proliferations of ectopic lymphatics that lack communication with the normal lymphatic system . Omental cysts can be single or multiple, unilocular or multilocular, and they may contain serous, chylous, hemorrhagic, or infected fluid. Their size varies from 3 cm to 30 cm in diameter.[6] Our patient had a 15cm x 12 cm multilocular cystic mass.

Excision of the cyst without endangering the adjacent bowel is usually feasible via laparotomy or laparoscopy. Laparoscopic resection of the small cysts can be performed by an experienced surgeon, but in large cysts or in case of any doubt of malignancy, open surgery is strongly recommended. Prognosis is usually excellent.

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