

RARE PRESENTATION OF OMENTAL CYST IN INGUINAL HERNIA: A CASE REPORT

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Abstract

A 6-month old female patient presented to OPD of the children's hospital and institute of child health Lahore with complaint of swelling in left labia majora. On Examination, a non-tender, reducible and fluctuant swelling was present therefore a diagnosis of left inguinal hernia was made. During surgery, a blackish colored cyst was identified in the hernia sac which was extending into abdomen. Laparotomy showed a large omental cyst originating from greater omentum which was completely excised followed by uneventful recovery.

Key Words: Omental Cyst, Inguinal Hernia, Rare Cyst, Omentum, Pediatric surgery.

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Inguinal hernia is one of the most frequent surgery performed by pediatric surgeons and majority of the hernias are indirect inguinal hernia.^{1,2} An inguinal hernia occurs when tissue, such as part of the intestine, protrudes through a weak spot in the abdominal muscles. The resulting bulge can be painful, especially when you cough, bend over or lift a heavy object. However, many hernias do not cause pain². Omental cysts may rarely present as an acute abdomen requiring surgery or an enlarging cyst that compromises the respiratory or urinary system. Complications from an enlarging omental cyst may include bleeding, infection, rupture, and torsion. In these rare cases, emergent complete surgical excision is warranted.³

Mostly the Hernial sac is empty or might contain omentum, small bowel, ovaries, fallopian tubes etc. Rarely we see patients in which hernial sac contains huge cystic lesion⁴. We present a case report of patient who presented to us with swelling in left inguinal region and a preliminary diagnosis of Left inguinal hernia was made later on it was found that the hernia sac con-

tains a huge omental cyst which remained un-diagnosed till the time of surgery.

Case Presentation:

A 6-month old female patient presented to the outpatient department of the children's hospital and institute of child health Lahore with complaint of swelling in left labia majora.

Patient was thoroughly examined, and it was observed that there was obvious deformity in left labia majora as compared to the right labia majora. The swelling was non-tender, reducible and fluctuant therefore a diagnosis of left inguinal hernia was made and patient was admitted in pediatric surgery ward. Pre-op lab investigations (CBC, Serum electrolytes, organ functions, Ultrasound abdomen & pelvic) were done and a provisional diagnosis of left reducible indirect inguinal hernia was made therefore no radiological investigations were performed.

Patient was explored in left inguinal canal and hernia sac was identified. A blackish colored structure was identified in the hernia sac which was completely reducible but comes back quickly after reducing. Hernia sac was freed from surrounding structures and hernia sac was opened. Upon opening of the hernia sac, a blackish colored cyst was seen which was extending into abdomen. Therefore, it was decided to explore the abdomen of patient via Pfannenstiel incision. Upon opening the abdomen a large omental cyst was seen which was originating from greater omentum. Cyst was completely excised, hemostasis was secured and wound was closed in layers. Hernia opening was closed from intra-abdomen approach and rest of the abdomen

was closed in layers with aseptic dressing done.

Patient was kept NPO till bowel sounds were audible post op recovery remain uneventful and patient was discharged on 3rd post op day. Patient was followed for the next 6 months, clinical examination and ultrasound abdomen was done and no recurrence was found in the abdomen.

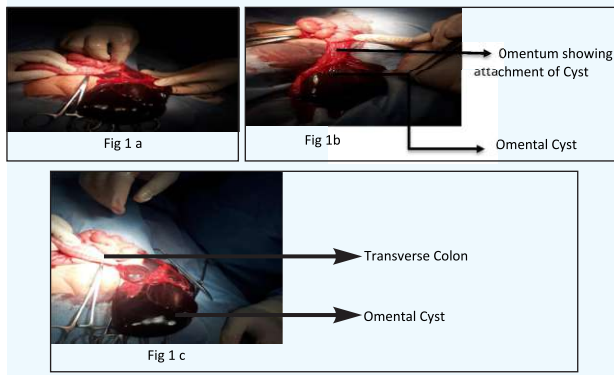


Figure 1: Pictures taken by the author's team during surgery at The Children's Hospital Lahore

DISCUSSION

Most commonly indirect inguinal hernia contains the small bowel, large bowel Omental and mesenteric cyst is a rare intra-abdominal cyst with an incidence of 1 in 140,0001. It arises from either lesser omentum or greater omentum.² Most of these cysts remain undiagnosed and asymptomatic and are usually diagnosed as incidental findings, the most common mode of presentation is abdominal distention, pain abdomen and vomiting.^{3,4}

In one case report a patient was being worked up for anemia during that workup a cystic lesion was found in abdomen which was later diagnosed as a case of omental cyst and the case of anemia was attributed to the bleeding inside cyst as we have also seen that in our case there was blackish discoloration which can be due to bleeding from omentun inside the cyst.^{5,6} Omental cyst is one of the rarest types of intra-abdominal cystic lesions in pediatric age group.⁷

The exact etiology of omental cyst is unknown however many hypotheses exist that includes benign proliferation of the lymphatics but lacks communication. Another hypothesis proposed that these cysts arise due to lymphatic obstruction but no definitive cause has been elicited so far.⁷

CONCLUSION

These cysts can be simple or multiple, unilocular or multinodular, and they might contain serous or chylous material and in some case they can contain blood as well. Our patient remained as asymptomatic and was diagnosed per-operative. The definitive mode of treatment is complete excision and trans fixation of the pedicle of the omental cyst, in all reported case and series this remained the treatment of choice either by exploratory laparotomy or by laparoscopic excision. Omental cyst provides a diagnostic challenge as no definitive lab investigation has been able to differentiate this cystic malformation with other cystic diseases.

Ethical Approval:

The ethical Approval was obtained via letter no. Ref no. 1524/CHL

Conflict of Interest:

None

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