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A rare case of peritoneal loose body

Nadir bir olgu: peritoneal serbest cisim

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SUMMARY

Peritoneal loose body (PLB) also known as peritoneal mouse is a rare phenomen. A 74 year old man presented with abdominal pain and an intraabdominal 6x5x4 cm well shaped mass detected on abdominal tomography images. The pathology report of the excised lesion was fibroma. The patient was discharged on fourth day without any problem. PLBs are mostly found incidentally. Surgery is the optimal treatment for these undiagnosed masses.
Keywords: Fibroma, intraabdominal mass, loose body

ÖZET

Peritoneal serbest cisim; peritoneal fare olarak da bilinen nadir bir fenomendir. Karın ağrısı şikayeti ile başvuran 74 yaşında erkek hastanın abdominal tomografisinde intraabdominal 6x5x4 cm' lik düzgün sınırlı kitle saptandı. Çıkarılan kitlenin patolojik inceleme sonucu fibrom olarak raporlandı. Hasta postoperatif dördüncü gün sorunsuz taburcu edildi. Peritoneal serbest cisim çoğunlukla rastlantısal olarak tespit edilir. Kesin tanı konulamayan bu kitleler için uygun tedavi yaklaşımı cerrahidir.
Anahtar sözcükler: Fibrom, karın içi kitle, serbest cisim

INTRODUCTION

Peritoneal loose body is a rare condition and also called as peritoneal mouse. Although it has been known for about 300 years the real incidance is unclear around the world. PLBs aregenarally found during imaging or laparatomies[1]. PLBs usually have about 2 cm sizes[2].PLBs which are above 5 cm is called as "giant" [3]. Until today chronic torsion of an appendices epiploica was considered the reason of PLB[4]. By the time the saponification of pedicle of appendices epicloica it becomes a detached loose body in abdomen[5].

CASE PRESENTATITION

We report a 74 year old previously healty man presenting with abdominal pain for about 2 months. By the patients history there was not any other sypmtoms or prior surgery. The physical examination was also normal. Laboratuory investigations were within normal limits. The computarized tomography(CT) showed an ovoid well shaped mass with 6x5x4 cm measures in the mesentary of bowels. The explorative laparatomy was decided to resect the mass. After taking an informed consent form the patient went for the surgery. During surgery there was a white, ovoid free floating mass between bowels and transvers colon in the mesentary(Figure 1). It was taken out of abdomen without any dissection(Figure 2). There was not any other pathlogy found in abdominal exploration. The patient was discharged without any problem on posteoperative fourth day. The pathology reported it was a 76 gr, 6x5x4 cm measuring calcific fibrous lesion.

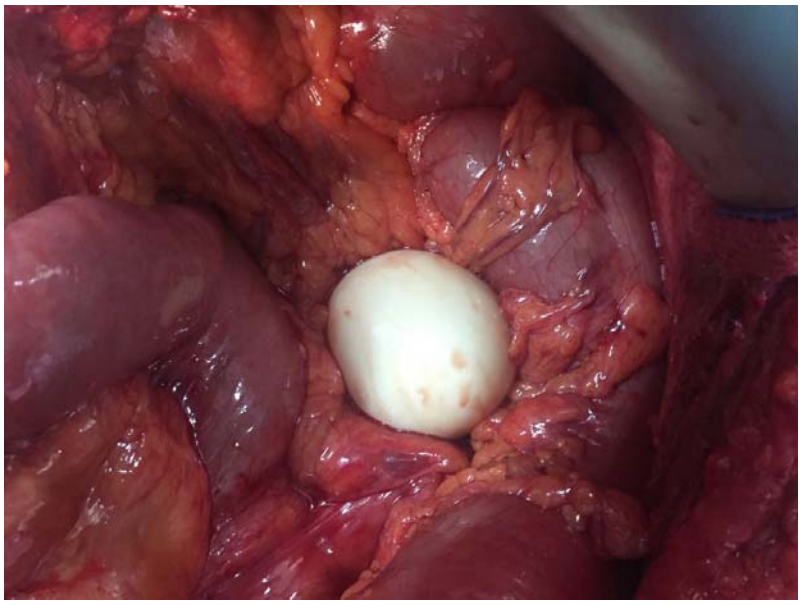

Figure 1.

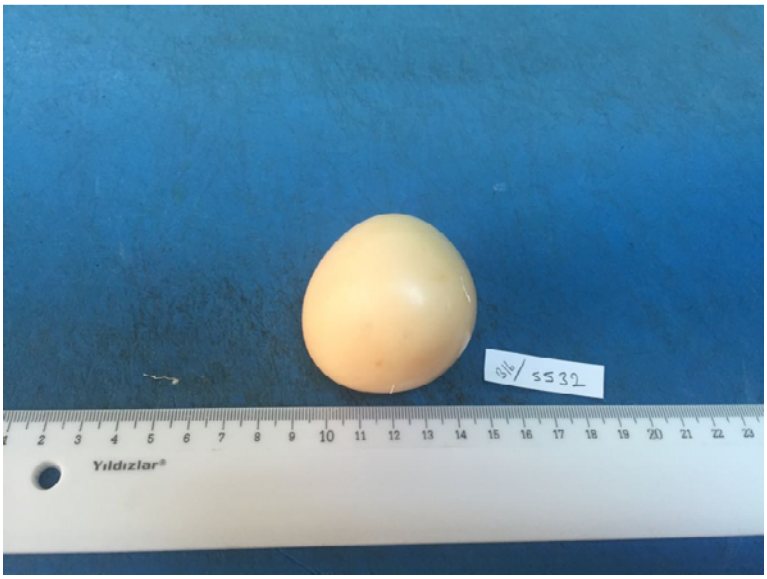

Figure 2:

DISCUSSION

PLBs are rare conditions. There is no information about the real incidance around the world. The real etyoloji of PLBs has not been well understood. It was first described by Littre. Virchow described a case of PLB and he thouht that the fat on appendices epicloica undergoes saponification and calcification. After the necrosis of base of the appendices epicloica it falls into the abdomen[6]. There are also other sources of PLBS; a) appendix epiploica, b) omentum[7], c) autoamputated adnexa[8], or d) fat tissue in the pancreas[9] may be the other sources of PLBs. PLBs mostly originate from appendix epiploica. When we researched in PubMed Medline we saw 34 cases reported all. PLBs greater than 5 cm are called giant. PLBs are mostly seen in male group. In our case PLB was also in giant for and our patient was a male.

They are usually asymptomatic and can be detected incidentally. Due to extrinsic compression PLBs can present with various symptoms like urinary retantion and small bowel obstruction[10].In our case the PLB caused nonspesific abdominal pain and it was the reason of planning laparatomy. So it must be considered to decide to neccesity of laparatomy in asemptomatic patients preoperatively.

CT or magnetic resonans imaging(MRI) can help for differantial diagnosis. PLBs are mobil well shaped masses and can change it's place in serial images[11].

Surgery is the main treatment in symptomatic patients and also helps for definitive diagnosis[12]. In our case it was thought to be a malignant calcific lymph node. So we decided a laparatomy to resect the mass and explorate whole abdomen carefully. But if you consider that it is a PLB and could made the right differantial diagnosis laparascopic removal is recommended.

CONCLUSION

PLBs are rare conditions found incidentally by radiologic imagings or during autopsy. For differantial diagnosis a mulidiciplinary management recommended with an experienced radiologist. After diagnosis surgical removal must be considered in symptomatic patinents.

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