Case of the Month – February 2014

• 35 year old female with incidental large left pelvic/abdominal collection found on imaging for small bowel obstruction.

• Investigations reveal:
  – Prior history of bowel surgery
  – Abdominal pain
  – WBC normal
  – Afebrile

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Contrast Enhanced CT of the Abdomen/Pelvis

- What are the imaging findings?
- What is the differential diagnosis? Diagnosis?
Sagittal and Coronal Images
Findings

• Complex left intra-abdominal collection which conforms to the peritoneal margins
• Some mass effect on adjacent loops of bowel.
• Small peripherally enhancing nodule.
• No evidence of enhancing wall. No internal septations.
• No adjacent inflammatory fat stranding.
• Incidental note of small bowel obstruction and right ovarian cyst.
Differential Diagnosis

- Intra-abdominal abscess?
- Para-ovarian Cyst?
- Hydrosalpinx/Pyosalpinx?
- Loculated Ascites?
- Other?
Diagnosis

• Findings are most in keeping with **peritoneal inclusion cyst**.
• Abcess and pyosalpinx are less likely given the normal white count and lack of peripheral enhancement.
• Appearance atypical for hydrosalpinx.
• No peritoneal enhancement to suggest loculated ascites.
• A separate ‘normal’ ovary is not seen adjacent which would be common in para-ovarian cyst.
Discussion

• Benign cystic pelvic mass secondary to non-neoplastic reactive mesothelial proliferation.
• Also known as peritoneal pseudocyst, benign cystic mesothelioma, or inflammatory cyst of the pelvic peritoneum.
• Slow growing with variable size from very small to as large as the whole abdomen.
• Can present with abdominal pain, discomfort, and mass.
Discussion

• Pathophysiology: Normal ovarian secretions are absorbed by the peritoneum. In patient’s with prior surgery or infection, these capabilities are impaired.

• Complex cystic collections lined with mesothelial cells which can demonstrate a peripherally located ovary (as in our case). No malignant potential.

• Treatment: Aspiration, oral contraceptives, sclerotherapy, or surgery.

• 30-50% recurrence rate after surgery.
References


• StatDx – Peritoneal Inclusion Cysts