Mesenteric cysts

Mesenteric cysts are uncommon benign abdominal tumours. Three per cent become malignant even after resection¹, 30% are identified in children less than 15 years of age.²

We found more documentation of this condition in surgical and radiological journals than in the paediatric literature. Paediatricians have laid little emphasis on this diagnosable and treatable condition.

Since the first necropsy description by Benevien of Florence in 1507, approximately 700 cases have been reported.³ In 1985 Kurtz *et al* added 162 cases,¹ while Liew *et al* reviewed the medical literature and identified 64 new cases from 1985 to 1993.⁴ Moynihan rightly stated that 'Cysts of mesentery are among the surgical rarities'.⁵ The reported incidence in children under 10 years is one in 12 425 to one in 34 375 admissions.¹

Lack of characteristic clinical features and radiological signs presents difficulties for diagnosis. The largest personal series was 33 patients described over 10 years by Walker and Putnam in 1973,⁶ and Senocak *et al* in 1994 analysed 19 cases.⁷ Based on their studies the main presenting features, in order of frequency, are abdominal pain, abdominal distension, abdominal mass, nausea, vomiting, constipation, diarrhoea, and weight loss.

Acute abdominal pain in children is a difficult symptom to interpret. Routine investigations, urine microscopy, blood count, chest radiography, and occasionally rectal examination may help in the diagnosis. In some children the cause remains obscure and many are labelled as having mesenteric adenitis, abdominal migraine, or periodic syndrome.

The value of abdominal radiography and ultrasonographic scanning in diagnosing abdominal pain in children has been questioned.⁸ Plain films of the abdomen and

barium studies may be non-specific in evaluating patients with mesenteric cysts.⁹

If the cyst is impalpable but large, an initial clue to diagnosis may be provided by a plain abdominal x rays. Bliss *et al*² claim that ultrasonographic imaging is the most reliable way to diagnose a mesenteric cyst in a child with acute abdominal symptom if appendicitis is not suspected.² They advocate its use as an initial imaging study. With the advent of frequent abdominal scanning for a variety of reasons, it is likely that more of these lesions will be identified in the future.¹⁰ Early identification of this rare cyst of unknown aetiology may lead to the removal of a potentially malignant lesion, as well as reducing the unnecessary discomfort of intermittent abdominal pain.

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