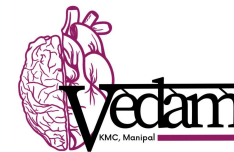


# Cholelithiasis Meets Chylolymphatic Cyst: A Unique Clinical Case



By Kshitij Singh

Guide: Dr. Naveen Alexander & Dr. Bhuvaneshwari  
(Dept. of General Surgery)

## Introduction

Mesenteric cysts are rare benign intra-abdominal pathology with an incidence of 1 case per 250,000 hospital admission. [1] There are many different types of mesenteric cysts, (lymphatic, mesothelial, enteric, urogenital, dermoid cysts). Because of non-specific complaints, they are only found incidentally (on imaging or abdominal exploration). Due to the rarity of such cases and lack of specific complaints, they are considered as a differential diagnosis with low priority.

## Case

### History

Patient is a 63 year old male who came with chief complaints of: Pain in the abdomen for 3 months.

### History of Presenting illness:

Patient was apparently normal till 3 months back after which he developed pain in the abdomen- insidious in onset, burning type, in the epigastrium and right hypochondria, more in the morning, increased on taking spicy food, relieved temporarily on taking medication. Complaints of dyspepsia present.

**Past history:** Endoscopy done outside in January 2023, showed LAX LES grade II, RUT positive and took H.pylori medication for 2 weeks.

History of dyslipidemia since 5 years, not on regular medication. **Personal history:** Nil significant

### General Examination:

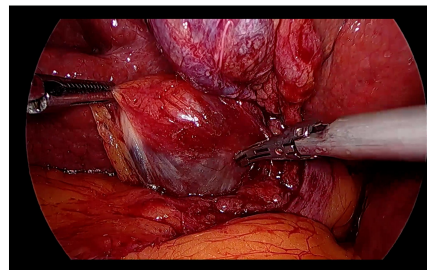
Patient conscious and oriented, well built & adequately nourished. No pallor, icterus, clubbing, cyanosis, lymphadenopathy or pedal edema.

**Vitals:** Normal

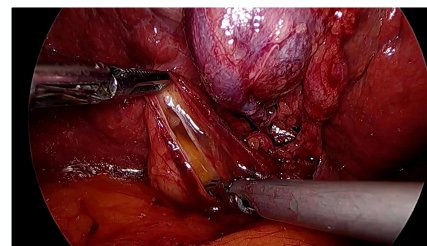
### Systemic Examination:

**P/A:** Soft, non-tender, no palpable mass.

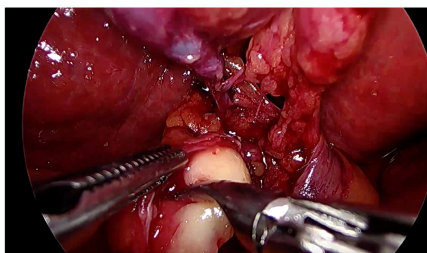
**Other Systems:** Normal



[A]



[B]



[C]

Figure A & B show chylolymphatic cyst in close relation with the liver.

Figure C shows soft tissue mass that was found in the cyst.

Figure D & E show cholelithiasis.

## Management

### Investigations

Blood investigations- WNL

**CECT Abdomen** done showed a well defined non-enhancing exophytic cystic lesion (3.2x2.5x4.3cm) noted arising from proximal part of CBD- likely choledochal cyst (Todani Type II).

**Differential Diagnosis:** Cholelithiasis with ? choledochal cyst (Todani-II)

### Management

Laparoscopic cholecystectomy with excision of ?choledochal cyst — ?lymphatic cyst of size 4x5cm found abutting the CBD (as opposed to CT), containing soft tissue mass of 1x1cm. Cyst excised in toto with contents and sent for HPE. Post-op histopathology showed benign cyst suggestive of chylolymphatic cyst, fibrinoid material (soft tissue lesion)



[D]

## Discussion

Chylolymphatic mesenteric cysts are a rare variant of mesenteric pathology accounting for about 7.3 to 9.5 % of all abdominal cystic lesions. [2] More commonly, they are seen in relation with the intestinal mesentery in the pediatric age group. By our research of available literature, we were not able to find such a case where the cyst is in relation to the liver and CBD.



[E]

## Conclusion

Even though mesenteric cysts are a rare entity, they should always be kept in mind as a differential diagnosis. Moreover, even with imaging, an Abdominal exploration (by Laparoscopy or Laparotomy) is the best way to confirm our diagnosis.