

## Laparoscopy-assisted Transumbilical Removal of a Mesenteric Cyst in a Child

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Dear Editor,

Mesenteric cysts are rare intraabdominal benign tumors in children, the diagnosis of which is complicated by the absence of symptoms in majority of cases. Surgical removal is indicated to diminish the risk of bowel compression and intestinal obstruction (1-5). We present the case of a pediatric patient with a mesenteric cyst that was successfully managed with a laparoscopy-assisted technique.

A 3-year-old boy presented to the Emergency Department with complaints of recurrent abdominal pain and vomiting. Ultrasonographic examination revealed an abdominal cyst, measuring 8 cm, that displaced the ileal intestinal segments. The patient was preliminarily diagnosed with a mesenteric cyst/cystic lymphangioma, informed consent was taken and surgery was performed. A standard three-port laparoscopic technique that employed 5-mm trocars was performed. Laparoscopic exploration showed a cystic mass that originated from the ileal mesentery 70 cm proximal to the ileocecal valve. The mass compressed the neighboring intestinal segment from both sides. The cyst was aspirated for easier visualization and manipulation (Figure 1). After aspiration, the mass was removed via an umbilical incision, and standard intestinal resection with end-to-end anastomosis was manually performed outside the abdomen (Figure 2, 3). The post-operative course was uneventful, and the patient was discharged on the fourth day after the surgery. Pathological examination results were consistent with a mesenteric cyst.

This case indicates the importance of diagnostic laparoscopy and laparoscopy-assisted management even in complex cases that require intestinal resection in children.

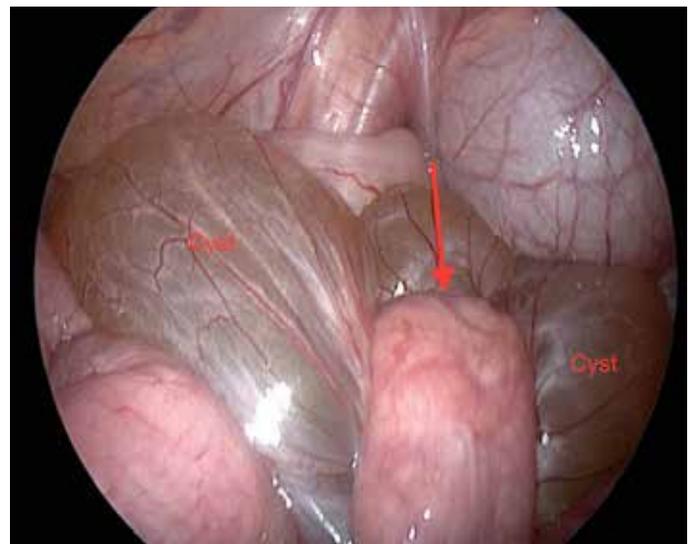


FIGURE 1. Laparoscopic view of the cyst that compressed the ileum from both sides (red arrow)

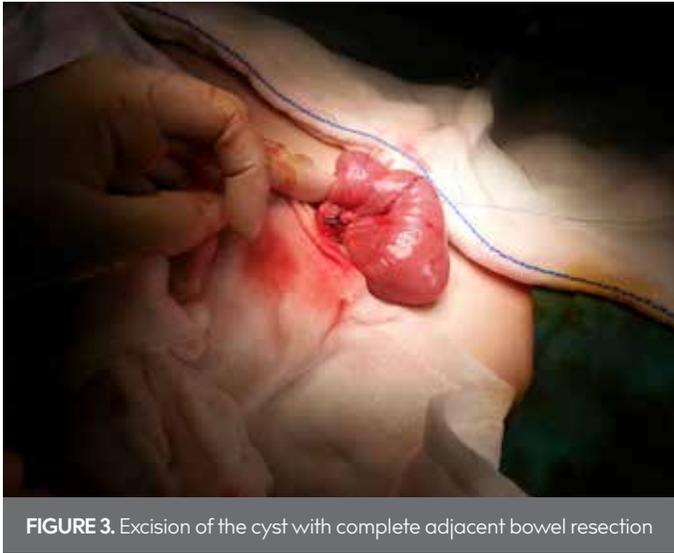


FIGURE 2. Aspirated cyst removed via an umbilical incision

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**FIGURE 3.** Excision of the cyst with complete adjacent bowel resection

**Ethics Committee Approval:** N/A.

**Informed Consent:** Written informed consent was obtained from patient who participated in this study.

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**Conflict of Interest:** No conflict of interest was declared by the authors.

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