

A RARE CASE OF GIANT PERITONEAL LOOSE BODY

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ABSTRACT

We reported a case of giant peritoneal loose body in a 53 year old male. Exploratory laparotomy and removal of peritoneal loose body done. Specimen sent for HPE. HPE reveals hyaline mass with dystrophic calcifications.

KEYWORDS

Giant Peritoneal Loose Body; Exploratory Laparotomy; Dystrophic Calcifications.

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CASE REPORT

A 53 yrs. old married male admitted with complaints of abdominal pain, loose stools, vomiting for 5 days. No comorbid illness present. General examination - vitals found to be normal. On examination of abdomen, tenderness in right iliac fossa present. Mass of size 6*6cm present in right iliac fossa, surface appears smooth and the mass was freely mobile. His renal and liver function tests found to be normal. Plain CT abdomen shows infective thickening of caecum, ascending colon and hepatic flexures suggest tubercular etiology. Biopsy suggested. Planned for exploratory laparotomy.

INTRAOPERATIVE FINDINGS

Grey white globular soft tissue mass measuring 5*4cm present. Has no attachments to any structures - wandering in nature. External surface - smooth cut section - gritty to cut, gray white and whorling present.



Fig. 2: Intra Operative Picture 2



Fig.1: Intra operative picture of gpld



Fig. 3: Giant peritoneal loose body

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HPE - MICROSCOPIC APPEARANCE

Shows strips of hyalinised and collagenous material with blotchy and sprinkled calcifications. Entire mass is acellular.

IMPRESSION: Hyaline mass with dystrophic calcifications.

POSTOPERATIVE PERIOD: Uneventfull.

DISCUSSION

1. Peritoneal mice.
2. Usually found as an incidental findings.
3. Usually measures <1cm.
4. Giant peritoneal loose body if >5cm, very rare.¹
5. Required no treatment until complicated.

PATHOGENESIS

Most commonly originate from appendices epiploicae,² which becomes detached and appears as peritoneal loose body by sequential process of torsion, infarction,³ saponification and calcification, the pedicle atrophies and finally gets detached from colon. If reattach - parasitized peritoneal body.

CUT SECTION

Boiled egg appearance with white peripheral and yellow central part. Peripheral white (Peritoneal serum) - smooth and soft. Central yellow (Saponified and calcified appendices epiploica) hard in center due to calcifications and firm at the periphery.⁴ Once appendix epiploica gets saponified and calcified the exudative serum fluid (Rich in protein) accumulate around it and because of increased temperature in peritoneal cavity it gives appearance of a boiled egg.⁵ With time size increase due to deposition of body serum at periphery.

INVESTIGATIONS

- CT.
- MRI.
- It is a histopathological diagnosis.

DIFFERENTIAL DIAGNOSES

- Calcification of lymph node.
- Granuloma.
- Fibromata.
- Teratomas.
- Desmoid tumour.⁶
- Mesenteic cyst
- All enhance with contrast.⁷

TREATMENT

No specific treatment required in asymptomatic patients; however, if these entities become associated with complications like intestinal obstruction,⁸ or if there is an abdominal mass of obscure origin, or when diagnosis is doubtful then exploration is required.⁹

CONCLUSION

Peritoneal loose bodies are rare and in most of the cases small in size. However, giant peritoneal loose bodies are very rare and only few cases have been reported in the literature. Preoperative diagnosis of these lesions is difficult and a high index of suspicion should be kept in any symptomatic patient with a mobile lesion in the abdomen or a calcified lesion in the pelvis on x ray.¹⁰

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