



Images

Intrauterine volvulus that had been misunderstood as an antenatal mesenteric cyst

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Received Feb 28, 2018; received in revised form Jul 3, 2018; accepted Aug 28, 2018

Available online 4 September 2018

1. Case

A 29-year-old mother gave birth to a full-term boy. He was hospitalized in our clinic due to suckling difficulty, bilious vomiting, and a mesenteric cyst diagnosed via antenatal ultrasonography at the 12th week of intrauterine life. In the prenatal period, there was no history of polyhydramnios or fetal distress. His first physical examination and all the laboratory tests were normal. The appearance of a hyper-echoic cystic mass that measured 46 × 41 mm in size with a thick wall, and fluid level in its lumen on abdominal ultrasonography, was compatible with a mesenteric cyst. Because abdominal distension became evident, an abdominal computed tomography (CT) was performed. On the CT scan, the lesion was again compatible with the mesenteric cyst (Fig. 1). The patient was operated on in the 36th

postnatal hour because of the appearance of a bluish-purple color (Cullen's sign) on the anterior abdominal wall. During the operation, the ileal intestinal segment in



Figure 1 Contrast-enhanced tomography revealed a cystic mass lesion on the right upper quadrant with a wall thickness of 44 mm × 42 mm and a level of 3 mm.

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Figure 2 Our case presents a perioperative volvulus view.

the epigastric area was found to be necrotized measuring 30 cm in size, and a distal ileal resection and temporary ileostomy were made (Fig. 2).

In this case, the cystic structure formed by the intestines and the ileal torsion caused due to malrotation were confused with a mesenteric cyst during the prenatal period. Histopathological examination revealed a cystic expansion measuring 4.5 cm in size that contained hemorrhagic fluid

in one area of the brown-black intestine resection material. Microscopic examination revealed intraparenchymal hemorrhage and ischemic necrosis. On the postnatal 15th day, the ileostomy was closed and an edge-to-edge anastomose was made. The patient was fed orally and discharged on the postnatal 32nd day.

Intestinal rotation anomalies occur in 1 of 6000 live births.¹ Progressive development of intestinal ischemia and necrosis can lead to peritonitis, sepsis, and shock.² Herein, we present a rare case of intrauterine volvulus that caused intestinal ischemia and necrosis. Emergency approach and surgery had a positive impact on the prognosis of our patient.

Conflicts of interest

The authors have no conflicts of interest relevant to this article.

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