A Chylous Mesenteric Cyst Diagnosed by Endoscopic Ultrasound Fine-Needle Aspiration

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Clinical Image

Mesenteric cysts are rare benign intra-abdominal cysts better evaluated on Computed Tomography (CT) scan imaging, with an estimated risk of malignancy of 3% [1-3].

A 41-year-old female patient found an incidental intra-abdominal cyst during a routine abdominal ultrasound, which a CT scans of the abdomen, confirmed a retroperitoneal cyst (Figure 1). The patient remained asymptomatic for 2 years when another CT scan revealed a cystic growth (Figure 2). Apart from treating arterial systemic hypertension, the patient had no history of surgery, trauma, or malignancy. An Endoscopic Ultrasound Fine-Needle Aspiration (EUS-FNA) procedure revealed a milk-like fluid consistent with lymphatic content (Figure 3). The patient remained asymptomatic and refused surgery.

Chylous mesenteric cysts correspond to 7% of all intra-abdominal cysts [2], and usually associated to previous abdominal surgery, radiotherapy, pelvic diseases and post-traumatic. Differential diagnosis includes pancreatic cystic lymphangioma [3]. A complete surgical resection is recommended in large cysts and symptomatic patients.
Figure 3: Endoscopic ultrasound features of the intra-abdominal cyst, same as Figures 1 and 2. It had homogenous anechoic content, thin walls with septation and no signs of vessels at Doppler.

Figure 4: An Endoscopic Ultrasound Fine-Needle Aspiration (EUS-FNA) procedure using a 19G needle was performed for intraabdominal cyst sampling (same as Figures 1-3). A 60 mL milk-like fluid sample was recovered and revealed cytology with no signs of malignancy, and amylase (50 U/L), CEA (3.34 ng/mL) and triglycerides (9,370 mg/dL). A chylous mesenteric cyst was then diagnosed.

References