International Journal of Medical Science and Clinical Research Studies

ISSN(print): 2767-8326, ISSN(online): 2767-8342

Volume 02 Issue 10 October 2022

Page No: 1044-1046

DOI: https://doi.org/10.47191/ijmscrs/v2-i10-03, Impact Factor: 5.365

Giant Peritoneal Free Body: Case Report

Narvaez Villanueva Juan Manuel[1], Jorge Eduardo Escobedo Arriazola[2], Hervert Hernández Armando[3], Santiago González Sergio[4], Carriazales Duran Adán Darío[5]

[1,2,3,4,5] Hospital general regional 6 IMMS CD. Madero Tamaulipas

ABSTRACT

Free bodies in the peritoneal cavity are solid, very rare and mostly asymptomatic tumors. We present the case of a finding of free body in the peritoneal cavity during appendectomy. Free bodies in the peritoneal cavity are very rare cases reported in the literature, described as giants greater than 5 cm in diameter, predominantly in men over 50 years, with an incidence of man / woman of 17: 3. There is no definite surgical treatment for foreign bodies in the cavity, as most are asymptomatic and mostly identified as a finding. Surgical treatment is reserved for symptomatic cases.

ARTICLE DETAILS

Published On:
08 October 2022

Available on:
https://ijmscr.org/

INTRODUCTION

Free bodies in the peritoneal cavity are solid tumors, very rare and mostly asymptomatic, usually found incidentally during laparotomy or autopsy, while symptomatic presentations require surgical treatment. They are considered giant foreign bodies if they measure greater than 5 cm in their longest diameter, they are rare and few are the giant cases reported in the literature. [1-4]

CASE REPORT

A 60-year-old male, with a history of significant systemic hypertension, occasional alcoholism; no surgical history, allergies or any other comorbidity denied. He comes for generalized abdominal pain of 3 days of evolution of predominance in the right iliac fossa, intensity 8 of 10 on the analog scale of pain, accompanied by nausea without reaching vomiting, as well as unquantified thermal increases, so he goes to a first level unit where analgesic treatment is initiated, with little improvement in pain and later referred to medical emergencies of this unit in Regional General Hospital No. 6. Laboratories are taken highlighting leukocytosis of 16.8 K / uL, at the expense of neutrophilia, Hb of 14.3 gr / dL, platelets of 245 K / uL. To the neurologically integral physical examination, tachycardial precordium, pulmonary fields without involvement, abdomen with involuntary muscle stiffness, to palpation highlights a hard abdominal mass in hypogastrium and pain of predominance in the right iliac fossa, positive Mc Burney sign and absent peristalsis, so surgical treatment is decided by exploratory laparotomy where when addressing cavity a solid rounded tumor is exposed, hard, white-pearled and free in cavity without peritoneal cover of approximately 8 cm in diameter by 7 cm in diameter (Fig. 1). In turn, there is a retro cecal cecal appendix of 10 cm in length by 0.8 cm in diameter, congestive and hyperemic with respected base (Fig. 2). Subsequently with good post-surgical evolution so it was decided to discharge at home two days after postoperative stay. It is described in the histopathological report oval and firm structure of 8 cm in its largest diameter by 7 cm in its smaller diameter, to the cut with the appearance of onion ring, solid and necrotic center, diagnosis of lipoma with degenerative changes, fibrosis and calcification. (Fig. 3 and 4)

Fig 1. Free body in peritoneal cavity

Fig 2. Relationship between cecal appendix and free body in cavity.

Fig 3. Appearance of solid onion rings with necrotic center

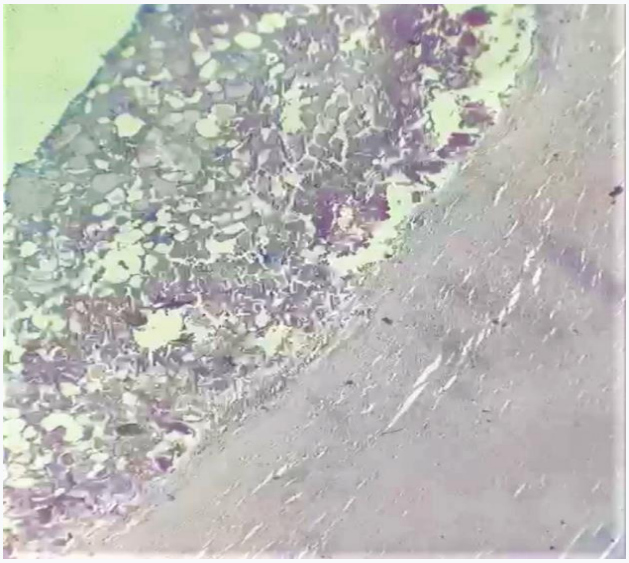

Fig. 4. Histological cut

DISCUSSION

Free bodies in the peritoneal cavity are very rare cases reported in the literature, described as giants greater than 5 cm in diameter, predominantly in men over 50 years, with an incidence of man / woman of 17: 3. Usually identified as a finding during laparotomy or during autopsy. Mostly asymptomatic, but in a small proportion can cause symptoms, such as abdominal pain, extrinsic compression causing intestinal obstruction, urinary retention or pollakiuria. The important clinical point is the distinction of another neoplasm or the cause of the patient's clinical picture, since as previously described it may not be related in most cases. Imaging studies, in particular computed tomography, can be useful in determining the origin of other pathologies that have contrast enhancement compared to bodies of homogeneous consistency.In the anatomopathological examination of peritoneal foreign bodies, hyperplastic fibrillar collagen with partial microcalcifications is usually used as a diagnostic criterion. [4-8]

CONCLUSIONS

Due to the clinical picture of the patient and the surgical urgency, the diagnosis of acute appendicitis was clinical, so no complementary imaging studies were requested. There is no definite surgical treatment for foreign bodies in the cavity, as most are asymptomatic and mostly identified as a finding. Surgical treatment is reserved for symptomatic cases.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

Ethical Responsibilities

Protection of People and Animals. The authors state that no experiments have been conducted on humans or animals for this research.

Confidentiality of Data. The authors state that they have followed their workplace's protocols on the publication of patient data.

Right to Privacy and Informed Consent. The authors have obtained the informed consent of the patients and/or subjects

referred to in the article. This document is in the possession of the corresponding author.

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