

LETTER TO THE EDITOR

Meconium Pseudocyst presented as Large Scrotal Swelling

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DEAR SIR

Meconium pseudocyst is complicated form of meconium peritonitis. A calcified fibrous wall forms around meconium and displacing abdominal viscera in periphery. Main presentation is with intestinal obstruction [1,2]. We report a case who also had scrotal swelling and abdominal distension in a case of complicated meconium ileus.



Figure 1: Abdominal distension and large scrotal swelling.

A 4-day-old male baby presented with large scrotal swelling and abdominal distension since birth (Fig.1). Antenatal period was uneventful. Earlier he was misdiagnosed as obstructed inguinal hernia on sonography. Careful examination showed abdominal distension with scrotal swelling. Scrotal swelling was reducible. Baby had passed meconium with no vomiting. Hematological examination was normal. X-ray abdomen erect posture showed paucity of gas in

distal abdomen and large air-fluid level. Repeat ultrasonography showed large cyst with air and calcification in inguinal region with non-visualization of whole intestine. At operation, a giant meconium cyst was found; anterior wall of cyst was completely adhered with peritoneum. Copious amount of meconium with bile was present inside the cavity. Whole abdominal structure was compressed with its other wall. It was extending up to scrotal cavity. Cyst wall was dissected off gently as maximal as possible. Whole intestine delivered but no perforation site found. Ileostomy was done. The patient recovered well postoperatively.

Meconium peritonitis may be present in several ways. Meconium pseudocyst is one of them [2]. It is due to accumulation of meconium in peritoneal cavity for weeks to months. Fibrous calcified capsule covers the meconium and displacing the viscera to its periphery. It may present as large scrotal swelling simulating as obstructed inguinal hernia. Early diagnosis and surgical intervention can save the life of baby. We recorded another presentation of complicated meconium ileus.

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