



## A Case report of Giant Peritoneal Loose Bodies

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**Abstract :** Giant peritoneal loose bodies was found in a 53yr old gentleman who presented with complaints of pain in the right iliac fossa. CECT abdomen showed a well circumscribed non enhancing mass in the right iliac fossa. Laparotomy was done to diagnose it as Giant peritoneal loose body. Peritoneal loose bodies (peritoneal mice) are uncommon and giant peritoneal loose body (5cm) is extremely rare.

**Keyword :** Appendices epiploica, Peritoneal loose body, Peritoneal mice , RIF Right Iliac Fossa

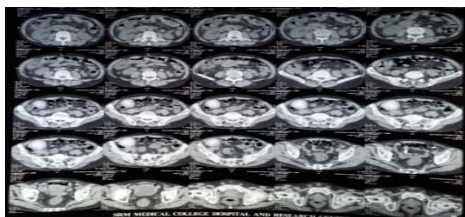
### Introduction:

Peritoneal loose bodies are found occasionally at laparotomy and in most cases are asymptomatic and small in size. Origin of Giant peritoneal loose bodies is from *appendices epiploica*. We report a case of Giant peritoneal loose body measuring 6\*5\*4 cm.

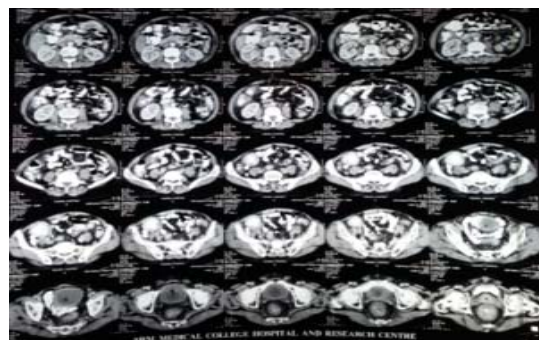
### Case report:

53 years old gentleman came to our surgical OPD with complaints of abdominal pain in right iliac fossa and loose stools for past 5 days. Abdomen was soft with a non tender hard freely mobile mass in the RIF of size 7\*6cm. the swelling was freely mobile with in the peritoneal cavity. His past medical history revealed no previous abdominal surgeries underwent treatment for pulmonary tuberculosis 3 years ago for which he was treated for 6months and declared cured. Routine blood investigation proved normal except for hb% which was 8.2gms.

**Imaging studies** was proceeded with **USG, CT/CECT abdomen**.

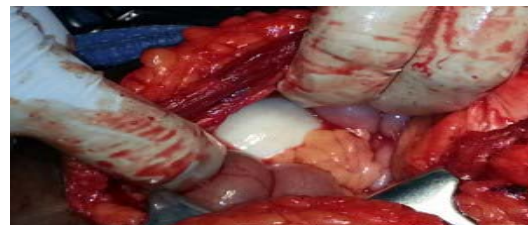


plain CT



### CONTRAST CT

The imaging results was - Thickening of cecum, ascending colon and hepatic flexure, tuberculous aetiology to be considered suggested biopsy of the lesion in the RIF. With these finding LAPAROTOMY was proceeded by right paramedian incision to find an oval shaped peritoneal loose body of about the size of a hens egg (6\*5\*4cm).



### INTRA OPERATIVE VIEW

**Histopathology report** was

**Macroscopic:** grey white globular soft tissue measuring 6\*5\*4cm, surface smooth, cut section – gritty to cut, gray white and whorling present.

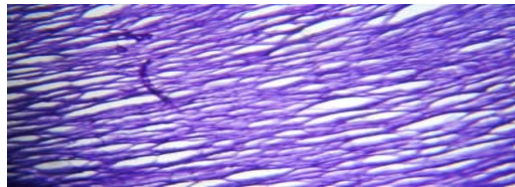


**GIANT PERITONEAL LOOSE BODY**



**cut section**

**Microscopy:** multiple section studied from the mass shows a strips of hyalinised and collagenous material with blotchy and sprinkled calcifications. Entire mass appears acellular.



**HISTO PATHOLOGY**

**Impression:** Hyaline mass with Dystrophic Calcification

**Post Operative Period:** uneventful patient was discharged on day 6.

**Discussion:**

Appendices epiploicae are fat filled visceral peritoneal pouches exist along the anti mesenteric taenia of colon. Giant peritoneal loose bodies most commonly originate from appendices epiploica which become detached and appear as a peritoneal loose body by sequential process of **torsion, infraction, saponification and calcification**, the pedicle atrophies and finally gets detaches from colon. Once appendices epiploica gets saponified and calcified the exudative serum fluid (rich in proteins) accumulate around it and because of increased temperature in peritoneal cavity it gives the appearance of a boiled egg. Investigations to be done are **USG with change of patient position CECT,MRI, LAPAROTOMY and EXCISION BIOPSY**. CECT shows non enhancing lesion in the peritoneal cavity. It is important to differentiate this from other lesions such as 1. calcified lymphnode 2. Granuloma 3. Fibromata 4. Teratoma 5. Desmoid 6. Mesenteric cyst. All these enhance with contrast where as Giant peritoneal loose bodies will not.

**Conclusion:**

Giant peritoneal loose bodies are rare clinical entities and are asymptomatic or incidental laparotomy findings. The case describes a Giant peritoneal loose body in the right iliac fossa and causing significant symptomatology related to extrinsic compression. Imaging is inconclusive and laparotomy is recommended to alleviate symptom and to rule out malignancy.

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