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**Omental Cyst**

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An omental cyst is an uncommon intra-abdominal tumor. The pathogenesis of omental cysts are unknown, as the majority are asymptomatic and if found at all are discovered incidentally during abdominal exploration or radiologic examination. A correct preoperative diagnosis of an omental cyst is very difficult as the information provided by CT and ultrasound imaging is often insufficient to support a differential diagnosis. However, with the increasing availability of ultrasound and CT, preoperative diagnoses of omental cysts are being made more frequently. An exception to this occurs in children, in whom abdominal pain secondary to the cyst may be dominant, necessitating surgical intervention. The most common symptoms and physical findings are abdominal pain and a smooth, non-tender, mobile, palpable mass. Recently, we encountered a case of an omental cyst in a surgically removed omentum. This case is reported with a review of the literature. (*J Korean Surg Soc* 2002;62:517-520)

**Key Words:** Omental cyst, Abdominal exploration, Radiologic examination

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1852 Gairder(1)가 150

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가 (2,3) 가

(4) , , ,

가 (5,6) CT 가 (7)

가 가 (8)

(9,10,11)가 가

(8,9)

가 20

CT 1

19 가 가

110/70 mmHg,

78 / , 20 / , 36.5°C

13.2

mg/dl, 40.4%, 12,600/mm<sup>3</sup>, 268,000/mm<sup>3</sup>,  
 , fasting blood sugar 109 mg/dl,  
 SGOT 10 IU/L, SGPT 14 IU/L, amylase 70 IU/L, sodium 140 mEq/L, potassium 3.9 mEq/L, BUN 8.8 mg/dl, creatinine 0.8 mg/dl

(Fig. 1).

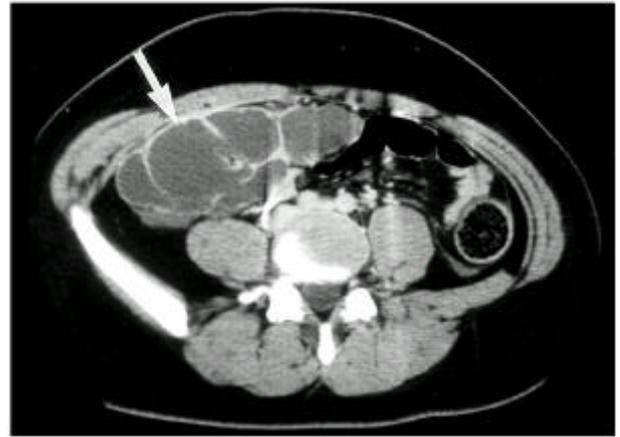
(fluid collection)  
 (multilobular), (aperistaltic)  
 (Fig. 2). CT (septation)  
 가  
 (perihepatic space), (perirenal space),  
 (Fig. 3).

1,000 cc 가  
 19×12×6 cm 가  
 (multiseptated)

(Fig. 4).



**Fig. 1.** Plain abdominal film: Diffuse paralytic ileus was seen in left side abdomen.



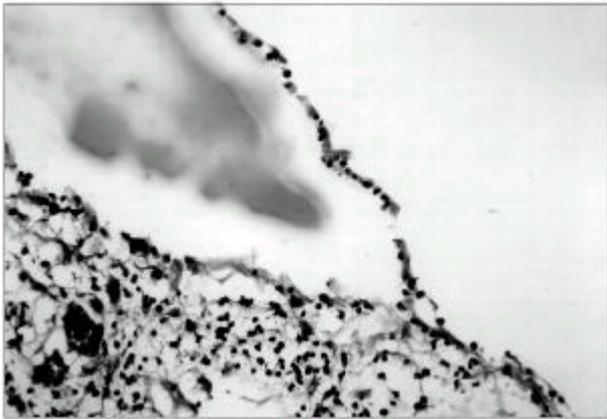
**Fig. 3.** Abdominal CT: There was large multilobular cystic lesion occupying right lower quadrant abdomen with thin septation. Adjucent fluid collection and peritoneal thickening was noted. Fluid collection in perihepatic space, left perirenal space and pelvic cavity.



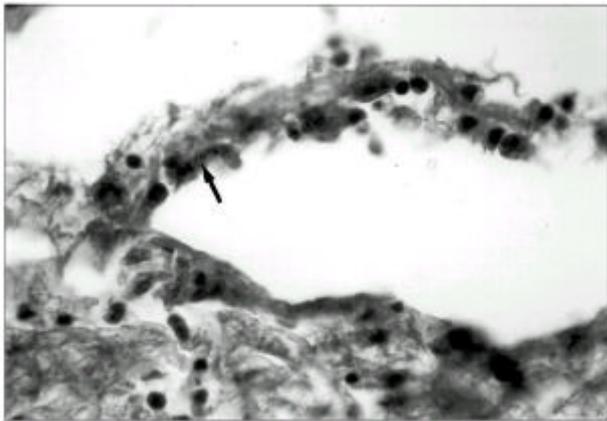
**Fig. 2.** Abdominal ultrasonography: There was multiloculated aperistaltic lesion in right lower quadrant abdomen. No fluid collection was noted in pelvic cavity. Appendix as a tubular structure was not visualized.



**Fig. 4.** Operative finding: A large multiseptated cyst with thin wall was encircled by greater omentum.



**Fig. 5.** Microscopic finding: Cystic wall are lined by a single layer of cuboidal mesothelial cells. The stroma consists of loose fibrous tissue with chronic inflammatory cells infiltration (H&E, × 100).



**Fig. 6.** Immunohistochemical staining: The lining cells are reactive for cytokeratin and there are no smooth muscle cells in cystic wall (cytokeratin, ×200).

(cuboidal)  
 (mesothelial cell) (lining)  
 (stroma)  
 (loose) (Fig. 5)  
 가 cytokeratin  
 (cystic lymphangioma)  
 (multicystic mesothelioma)  
 (Fig. 6).

(chyle)  
 , (dermoid cyst),  
 .(4) (mesothelial cyst)  
 cytokeratin 가  
 cytokeratin  
 .(13,14)  
 (unilocular cyst)  
 가  
 (multicystic mesothelioma)  
 .(8,9)  
 .(4) 1852 Gairder(1)가  
 1902 Murata가  
 130 가 .(3)  
 가 1.7 : 1 가 (7)  
 1 : 1.5 가  
 .(15)  
 11% 19% 가  
 (7,15-17) 10  
 68%가 .(5)  
 , , , 가  
 ,(18) 가  
 .(19)  
 가  
 가  
 CT .(9)  
 13%  
 가 .(7)

(21)  
가  
(marsupialization),  
(9-11,22) .(8)  
가  
, 가  
20

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