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Case Report Open Access

Intraabdominal Pseudocysts in Males in a Developing Community

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Abstract

The recent literature on the intraabdominal pseudocyst emanated as single case reports from such diverse countries as UK, Taiwan, Turkey and USA. Therefore, aided by the establishment of a histopathology data pool, this study concerns 6 cases from the Ibo Ethnic Group in Nigeria. It spanned from 1970 to 1990; the age group was from 6 years to 60 years; and the submissions were by individual physicians who realized that the lesions were simple cysts, including one who named it as pseudocyst.

Keywords: Abdomen; Cyst; Pseudocyst; Male; Ibo; Nigeria

Introduction

The intraabdominal pseudocyst is a rare lesion. By name, it is present intraabdominally as an incompletely walled cyst. Little wonder that single case reports preponderate. Thus, Gammel, Beattie and Thompson [1] presented a 73-year-old man in whom the mass extended from the left upper quadrant to the left iliac fossa. The single lesions reported from Taiwan [2], Turkey [3] and USA [4] were also extensive.

Therefore, the present series of 6 cases merits documentation from the Ibo Ethnic Group [5] which is domiciled in South-Eastern Nigeria. This was facilitated by the suggestion of a Birmingham (UK) Group [6] which intimated that assembling a histopathology data pool facilitates epidemiological analysis. Accordingly, with access to such a data pool in Nigeria, it was deemed important to add the present series to the world literature.

Case Series

The subjoined Table is self-explicit. So is the attached Figure.

S/No	Lab No	Initials	Age	Town	Doctor	Diagnosis
1	B 951/71	OC	7	Enugu	Nwako	Cyst
2	B 1874/72	CN	60	Enugu	Udekwu	Cyst
3	B 780/74	ED	45	Adazi	Raeme	Cyst
4	B 1655/74	OO	6	Afikpo	Graene	Cyst wall
5	B 1094/75	UO	18	Enugu	Obiora	Abd. Cyst
6	416/85	ON	33	Enugu	Ukabam	Pseudocyst

Table 1: Epidemiological data of intraabdominal pseudocysts in Ibo males.

Discussion

Much as the literature cases included treatment, the present cohort embodied data which ordinarily accompanied only biopsy specimens. In other words, there was no follow up. Certainly, the local patients themselves were not involved in any investigations (Table 1).

It suffices, however, to note the two-fold nature of the series, namely, the young 6-7 years group and the 18-60 years group. Also of interest is the preponderance of operations performed in the capital city, Enugu. The other two towns, Adazi and Afikpo, are Missionary outposts run largely by foreigners. They are significant in respect of foreign assistance rendered to the inhabitants of developing communities.

Also noteworthy is the fact that different practitioners each submitted single specimens. Moreover, much as all of them appreciated the cystic nature of these abdominal lesions, one went as far as to recognize the pseudocyst picture.

It is well to appreciate also that a Histopathology Reference Laboratory is helpful not only to those in the city of location but also to the towns beyond. This is my conviction [7]. It is shared by fellow Nigerians [8,9]. In other words, it is surprising that the following question even arose in the UK, namely, "Can a satisfactory histopathology service ever be delivered to a hospital remote from the providing pathologists and their laboratory?"

Incidentally, it may be questioned whether there are ancillary matters. Apparently, Gammell's group [1] carried out laboratory investigations including the assessment of catecholines levels to no avail. Incidentally, the search of the literature by Oxenberg [4] suggests that multiloculated nonpancreatic pseudocyst is rare in males.

What stands out is the association with ventricular-peritoneal shunting. Thus, Laurent's associates [10] lamented as follows: "The pathogenesis of pseudocysts remains unclear." And, as couched by a Japanese group [11], "The cyst components should be examined before cyst drainage when choosing surgical strategies."

In conclusion, the epidemiology of intraabdominal pseudocyst can be remains problematic. No doubt, by documenting cases worldwide, the truth will become easier to come by including genetic or molecular studies.

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