Abdominal Cocoon: An Unusual Presentation of Small Bowel Obstruction

CASE REPORT
A 17-year-old female presented with episode of abdominal pain and asymmetrical distension, which was associated with vomiting and constipation, which she had for 4 days. She had two similar episodes which had been treated conservatively. Her abdominal radiograph showed dilated bowel loops which were concentrated in centre and left of the abdomen, with ileal loops being bunched in the lower abdomen and pelvic cavity [Table/Fig-1]. Ultrasound showed dilated bowel loops with reduced peristaltic activity. She was investigated with ultrasound and upper GI scopy during previous episodes, which were normal. Exploratory laparotomy was done at this time, because signs of obstruction were not relieved. Intraoperative findings showed whitish thick membrane, encapsulating bowel loops [Table/Fig-2]. Thick membrane was resected. There were further adhesions between loops of small bowel, which were further released. Patient recovered completely and she comes for regular follow up.

DISCUSSION
Abdominal cocoon is a rare condition. It presents as a thick whitish membrane which covers bowel loops. Because of this presentation, it is also called as sclerosing encapsulating peritonitis. It is usually diagnosed intraoperatively. Treatment of this condition involves resection of the membrane and release of adhesions. Pre-operatively, patient is investigated for recurrent episodes of small bowel obstructions. However, preoperative diagnosis does not change the treatment and management. Investigations done preoperatively help in expediting the treatment with planned laparotomy.

Keywords: Sclerosing encapsulating peritonitis, Exploratory laparotomy, Bowel obstruction
CONCLUSION

Pre-operative diagnosis of abdominal cocoon is difficult. Every attempt should be made, to reduce morbidity caused by emergency laparotomy. This rare condition is intraoperative diagnosis. Treatment involves resection of the membrane and release of adhesion. Condition heals completely if careful resection of membrane and release of adhesion are done.

REFERENCES