30 درصد تخفیف نوروزی ویژه کارگاه‌ها و فیلم‌های آموزشی

اسول تنظیم قراردادها

پروپوزال نویسی

آموزش مهارت های کاربردی در ندوین و چاپ مقاله
Intestinal Obstruction Due to Idiopathic Sclerosing Encapsulating Peritonitis: A Case Report

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Introduction: Sclerosing encapsulating peritonitis (SEP) is characterized by partial or complete encaement of small intestine by a thick fibrocollagenous membrane. Depending on underlying causes, SEP is divided into primary and secondary forms. Idiopathic SEP is also called idiopathic or abdominal cocoon syndrome. Herein we presented a case of idiopathic SEP.

Case Presentation: A 90-year-old male patient presented to our emergency department with signs and symptoms of intestinal obstruction and dehydration. Physical examination findings, patient's age and plain abdominal radiography were consistent with tumoral obstruction or viscous perforation. Explorative laparotomy revealed a fibrous capsule encasing intestines as well as dense adhesions between intestinal loops. Since the overall condition of the patient was not well enough to allow a wide dissection and membrane excision, the operation was terminated after performing a limited loop ileostomy. Unfortunately, the patient was lost due to organ failure at the postoperative period.

Conclusions: Despite advances in radiological techniques, the exact diagnosis in many cases is still made according to intraoperative findings and histopathological properties of the excised membrane. While some cases of SEP remain asymptomatic for years, most cases are characterized by recurrent bouts of acute, subacute or chronic intestinal obstruction. To our knowledge, the case presented here is the oldest patient with idiopathic SEP in the literature.

Keywords: Intestinal Obstruction; Encapsulating Peritoneal Sclerosis; Abdomen
obstruction or viscus perforation; therefore, patient was urgently taken into operation. A laparotomy was performed via midline incision, followed by abdominal exploration that revealed encapsulation of all intestinal segments by a dense, plate-like fibrous membrane that encased whole small intestine and caused dense adhesions between intestinal loops (Figure 2). Taken into consideration our previous experiences, we regarded this appearance as abdominal cocoon syndrome. As the fibrocollagenous membrane was densely adhered to both intestinal surface and interloop distance, excision and adhesiolysis could only be applied to a limited region. Considering the overall medical condition of the patient, we did not perform membrane excision and adhesiolysis that would prolong the operation time. A loop ileostomy was established and the operation was terminated. The patient was admitted to intensive care unit owing to his poor general status. Despite aggressive fluid and electrolyte replacement attempts and administration of wide-spectrum antibiotics, the patient died as a consequence of septic shock and multiorgan failure (WBC 1880/µL, BUN 123 mg/dL, creatinine 2.92 mg/dL and albumin 2.4 gr/dL) three days after the operation.

### Table 1. Patients’ Characteristics

<table>
<thead>
<tr>
<th>Variables</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, y</td>
<td>90</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
</tr>
<tr>
<td>Pulse rate, bpm</td>
<td>95</td>
</tr>
<tr>
<td>Blood pressure, mmHg</td>
<td>90/50</td>
</tr>
<tr>
<td>Body temperature, C</td>
<td>37.9</td>
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<tr>
<td>WBC, /µL</td>
<td>8890</td>
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<tr>
<td>Hb, gr/dL</td>
<td>14</td>
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<tr>
<td>BUN, mg/dL</td>
<td>38</td>
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<tr>
<td>Creatinine, mg/dL</td>
<td>0.8</td>
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<tr>
<td>X-Ray radiography</td>
<td>Air-fluid levels</td>
</tr>
<tr>
<td>Physical Examination</td>
<td>Acute abdomen</td>
</tr>
</tbody>
</table>

3. Discussion

Depending on the underlying causes, SEP is divided into primary (idiopathic) and secondary forms (2, 6-9). The idiopathic form of the disease was named as ‘abdominal cocoon syndrome’ in 1978 (2, 3, 8, 10). Idiopathic SEP is mostly observed in female children of adolescent age living in tropical and subtropical countries, although may be seen in children living in temperate regions or adults of advanced age (1). In a study that presented the youngest
In conclusion, ACS forms a minority of unusual conditions that lead to intestinal obstruction. Preoperative diagnosis is a true challenge and most reported cases have been incidentally diagnosed during laparotomy. Fortunately, clinicians possess some diagnostic radiological methods that aid in diagnostic process. While a conservative approach is the best in mildly symptomatic cases, symptomatic cases frequently require surgical management. A minimally invasive approach should be the norm to avert troublesome complications such as anastomosis leaks and short bowel syndrome.
Authors’ Contributions
Study concept and design: Sami Akbulut and Ridvan Yavuz. Analysis and interpretation: Sami Akbulut and Fırat Demircan. Drafting of the manuscript: Sami Akbulut, Ridvan Yavuz and Mehmet Babur. Critical revision of the manuscript for important intellectual contest: Sami Akbulut and Fırat Demircan.

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References
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