Mesenteric cysts are uncommon, and they are histopathologically classified as pseudocyst, mesothelial cyst, lymphangioma and omental cyst.

We report a case of a 27-year-old female with a huge cystic mass arising from greater omentum. Patient complained the symptoms of abdominal distention due to massive ascites and intermittent pelvic discomfort. The diagnostic examinations including ultrasonography and computed tomography were performed and identified a huge, intraabdominal cyst. Laparoscopic resection of cyst was done with no clinical and symptomatic evidence of adverse event till 12 months. The diagnostic role of sonography and CT in ascites with unknown etiology is emphasized. Minimal invasive surgery showed comparable result to open exploration.

**Key Words:** Ascites, Mesenteric cyst, Laparoscopic surgery

Mesenteric cysts are uncommon, and they are histopathologically classified as pseudocysts, mesothelial cysts, lymphangiomas and omental cysts. They are generally congenital and asymptomatic. Since the majority of mesenteric cysts are found incidentally during abdominal exploration or radiological examination, their true incidence rate is unknown.

Omental cysts are rare intraabdominal tumors that were first described in 1852. Pathogenesis of omental cyst is similar to those of mesenteric and retroperitoneal cysts. Most omental cysts are detected in patients <10 years of age, and 11~19% of patients present with acute abdominal symptoms caused by bleeding, rupture, or torsion of the cystic mass. Detecting omental cysts is difficult due to their rarity and an absence of characteristic clinical findings.

Complete resection with abdominal exploration has been a treatment of choice for omental cyst. More recently, the advantage of laparoscopic surgery has been suggested. Here, we report a case of a large omental cyst that we treated by laparoscopic excision.

**Case Report**

A 27-year-old woman presented at Kangnam St. Mary's Hospital, Seoul, Korea, with a several-months' history of abdominal distention and intermittent pelvic
discomfort. Her medical and family histories were unremarkable, and there were no precipitating or relieving factors associated with her symptoms. There was no history of fever. Laboratory tests including complete blood count, biochemistry and tumor markers were within normal range. In initial radiologic

Fig. 1. Ultrasonography (A) and computed tomography (B) showed a large cystic mass in the pelvic and intraabdominal cavities. The appearance of the uterus and ovaries is unremarkable.