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Single 'Hidden' Mantra of Life

Once a king called upon all of his wise men and asked them, "Is there a mantra or suggestion which works in every situation and place, every joy and sorrow, every defeat and victory. I need only one answer for all questions? I am looking for something which can help me, when none of you is available to advise me or guide me? Tell me is there any mantra?"

All the wise men were puzzled by the King's question. They thought and thought. After a lengthy discussion, an old man suggested something which appealed to all of them. They went to the king and gave him something written on paper, with a condition that the king was not to see it out of curiosity. Only in extreme danger, when the King finds himself alone and there seems to be no way, only then he can see it.

The King put the papers under his Diamond ring.

Some time later, the neighbors attacked the Kingdom. King and his army fought bravely but lost the battle. The King had to flee on his horse. The enemies were following him getting closer and closer.

Suddenly the King found himself standing at the end of the road - that road was not going anywhere. Underneath there was a rocky valley thousand feet deep. If he jumped into it, he would be finished...and he could not return because it was a small road...the sound of enemy's horses was approaching fast. The King became restless. There seemed to be no way.

Then suddenly he saw the Diamond in his ring shining in the sun, and he remembered the message hidden in the ring. He opened the

diamond and read the message. The message was - **"THIS TOO SHALL PASS"**.

The King read it. Again read it. Suddenly something struck him- Yes ! This too will pass.. Only a few days ago, I was enjoying my kingdom. I was the mightiest of all the Kings. Yet today, the Kingdom and all his pleasure have gone. I am here trying to escape from enemies. Like those days of luxuries have gone, this day of danger too will pass. A calm came on his face. He kept standing there. The place where he was standing was full of natural beauty. He had never known that such a beautiful place was also a part of his Kingdom.. The revelation of the message had a great effect on him. He relaxed and forgot about those following him. After a few minutes, he realized that the noise of the horses and the enemy coming was receding. They moved into some other part of the mountains. The King was very brave. He reorganized his army and fought again. He defeated the enemy and regained his empire. When he returned to his empire after victory, he was received with

much fanfare. The whole capital was rejoicing in the victory. Everyone was in a festive mood. Flowers were being showered on King from every house, from every corner. People were dancing and singing. For a moment King said to himself, "I am one of the bravest and greatest King. It is not easy to defeat me". With all the reception and celebration he saw an ego emerging in him.

Suddenly, the Diamond of his ring flashed in the sunlight and reminded him of the message.. He opened it and read it again: **"THIS TOO SHALL PASS"**. He became silent. His face went through a total change -from the egoist he moved to a state of utter humbleness. If this too is going to pass, it is not yours. The defeat was not yours, the victory is not yours. You are just a watcher. Everything passes by. We are witnesses of all this. We are the perceivers. Life comes and goes. Happiness comes and goes. Sorrow comes and goes.

Dr. Sarita Khatri,
Gynaecologist, New York
I. S. Sondhi, Glaxo Healthcare



Small steps lead to the top of "the Great wall of China"

Put off for one day, and ten days will pass. - Korean proverb

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Laparoscopic Enucleation of Mesenteric Cyst

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INTRODUCTION

Mesenteric cysts are rare, benign, intra abdominal lesions. The average incidence of these lesions is approximately 1:100,000 in adults and 1:20,000 in children. They can be uni- or multilocular. They may contain hemorrhagic, serous, chylous, or infected fluid. Size ranges from a few millimeters to 40 cm in diameter.

Although mesenteric cysts are usually diagnosed during routine abdominal examinations, they can present with various symptoms, such as acute or chronic abdominal pain, nausea and vomiting, or change in bowel habit. Although rare, shock due to rupture or bleeding from the cyst, intestinal obstruction secondary to external compression and volvulus or torsion of the cyst have been reported.

CASE REPORT

A 35 year old male patient was admitted with chronic abdominal pain and constipation off and on for 15 years. Physical examination revealed a freely mobile, firm, intra abdominal lump approx. 6 x 5 cm in diameter. All laboratory tests, including malignancy parameters, were within normal limits.

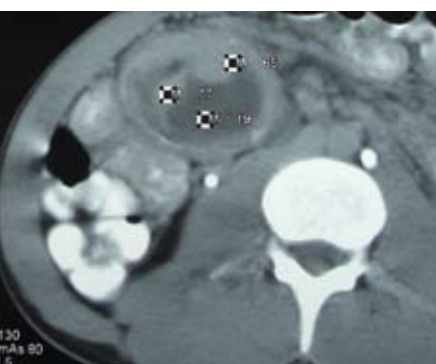
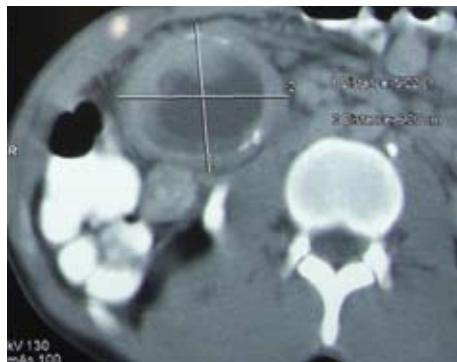
Abdominal ultrasonography showed a well defined intra abdominal cyst measuring 59 x 58mm; ? Mesenteric cyst /?? Duplication cyst. Computed tomography (CT) showed a lobulated, well defined, retroperitoneal lesion measuring 62x52mm with predominantly cystic areas with variable wall thickness (15mm) with thin rim of calcification ?Neurogenic tumor. FNAC of the lump showed hemorrhagic fluid



Well defined lump could be moved from left to right hypochondrium and iliac fossae



USG showing intra abdominal mobile cyst measuring 59 x 58 mm



CT Scan showing a lobulated, well defined, retroperitoneal lesion measuring 62 x 52 mm with solid as well as cystic components.

containing mostly erythrocytes. Pre operative colonoscopy was normal. After standard pre operative preparation, patient was taken up for laparoscopy.

OPERATIVE STEPS

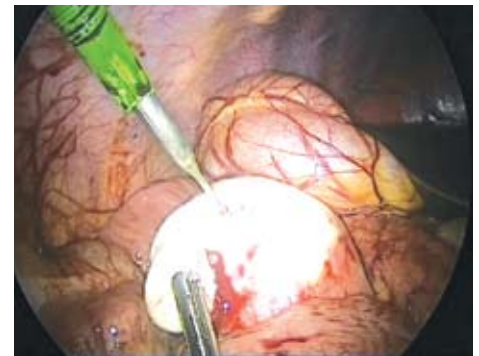
Diagnostic laparoscopy was done which included bowel walking. A cyst was visualised at the level of distal ileum. It was attached to



1. Port Placement



2. Mesenteric cyst seen



3. Cyst being aspirated

the mesentery posteriorly, while the lateral and anterior walls were free of any attachments. Aspiration of the cyst was attempted but no fluid could be aspirated. The cyst was dissected from the mesentery by blunt and sharp dissection using harmonic scalpel. It was enucleated from the leaves of mesentery avoiding any damage to adjacent vessels or bowel. The enucleated cyst was placed into an endobag and retrieved through 10mm port. Post op. recovery was smooth and



4. Posterior dissection being done with harmonic scalpel



5. Cyst completely enucleated

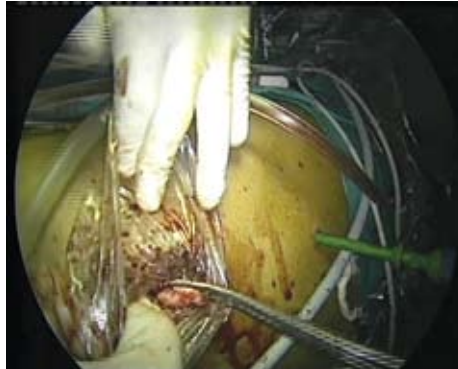


6. Cyst placed in an endobag

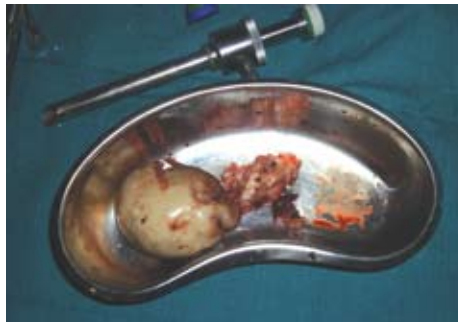
pt. discharged on 2nd post op day. Biopsy shows highly cellular areas comprising of spindle cells, alternating with less cellular areas showing myxoid change, suggestive of spindle cell mesenchymal neoplasm.



7. Cuffed endobag being retrieved



8. Cyst being removed from endobag through umbilical port



9. Specimen after removal

DISCUSSION

In 1507, the Italian anatomist Benevieni first reported a mesenteric cyst following an autopsy on an 8-year-old girl. In 1842, von Rokitansky described a chylous mesenteric cyst. The first successful surgical resection was performed by Tillaux in 1880 and the first successful laparoscopic resection was reported by Mackenzie in 1993.

There are several classifications of these formations, among which the one based on histopathologic features is:

de Perrot Classification of Mesenteric Cysts

1. Cysts of lymphatic origin--lymphatic (hilar cysts) and lymphangiomias

2. Cysts of mesothelial origin--benign or malignant mesothelial cysts
3. Enteric cysts
4. Cysts of urogenital origin
5. Dermoid cysts
6. Pseudocysts--infectious or traumatic etiology.

Mesenteric cysts can occur anywhere in the mesentery of the gastrointestinal tract from the duodenum to the rectum, and they may extend from the base of the mesentery into the retroperitoneum. In a series of 162 patients, 60% of mesenteric cysts occurred in the small-bowel mesentery, 24% in the large-bowel mesentery, and 14.5% in the retroperitoneum. They most commonly occur in the ileal mesentery of the small bowel or the sigmoid mesentery of the colon.

A precise preoperative diagnosis can usually be established by systematic physical examination and radiography. US and CT of the abdomen are valuable diagnostic tools and can distinguish between solid and cystic characteristics of abdominal mass.

- The imaging modality of choice is abdominal ultrasonography. It reveals fluid-filled cystic structures, commonly with thin internal septi and sometimes with internal echoes from debris, hemorrhage, or infection. However, these can be confused with large ovarian cysts in the fetus and newborn.
- Enteric duplication cysts, on the other hand, are thick-walled structures that share a common muscular wall with the adjacent bowel. They also have a clearly visible mucosal lining on ultrasonography.

Abdominal CT scan is useful for delineating the location, extent and nature of these lesions.

Treatment is indicated if they become symptomatic due to enlargement of the cyst. Complete enucleation of cysts is considered to be the procedure of choice to prevent recurrence and possible malignant transformation. The cyst can be shelled out from between the two leaves of the mesentery.

A bowel resection is necessary in only 1/3 of adults, but becomes necessary in 50%-60% of children with mesenteric cysts.

Aspiration of the cyst alone should not be performed. For multiple cysts or those technically difficult to excise completely, such as those located within the retroperitoneum, marsupialization with careful follow-up may be necessary. Approximately 10% of patients require this form of therapy. If marsupialization is performed, the cyst lining should be sclerosed with 10% glucose solution, electrocautery, or tincture of iodine to minimize recurrence. Partial excision alone with or without drainage is not recommended because of the high recurrence rate associated with these procedures.

Currently, with the developments in laparoscopic surgery, complete laparoscopic cyst enucleation can be performed without any complications in appropriately selected patients.

Overall results in pediatric patients are favorable. The recurrence rate ranges from 0-13.6%, averaging about 6.1% in a series of 162 adults and children. Most recurrences occur in patients with retroperitoneal cysts or those who had only a partial excision.

CONCLUSION

A mesenteric cyst can be successfully managed laparoscopically and is a safe alternative to a laparotomy. Because the number of these cases is very small and there is limited experience, one must proceed with caution to a laparoscopic technique. Possible drawbacks of laparoscopic treatment are the reported 3% incidence of malignancy and the uncertainty of preoperative diagnosis.

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