

Meconium pseudocyst

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A full-term infant presented with severe abdominal distention. Supine radiograph of the chest and abdomen show a large rim-calcified mass representing a meconium pseudocyst (Fig. 1, *thick arrows*). The irregular linear calcifications, mostly in the left upper quadrant, are calcified meconium in the peritoneal cavity adherent to bowel walls (*small arrow*). Surgical and pathological findings confirmed small bowel obstruction secondary to segmental volvulus with walled-off small-bowel perforation and pseudocyst formation.

Meconium peritonitis is caused by antenatal bowel perforation with spillage of meconium into the peritoneum causing a sterile peritonitis and formation of dystrophic calcifications [1]. Common causes of bowel obstruction and perforation include meconium ileus, bowel atresia, and segmental volvulus. When the extruded meconium becomes walled off, it can form a rim-calcified mass representing meconium pseudocyst [2].

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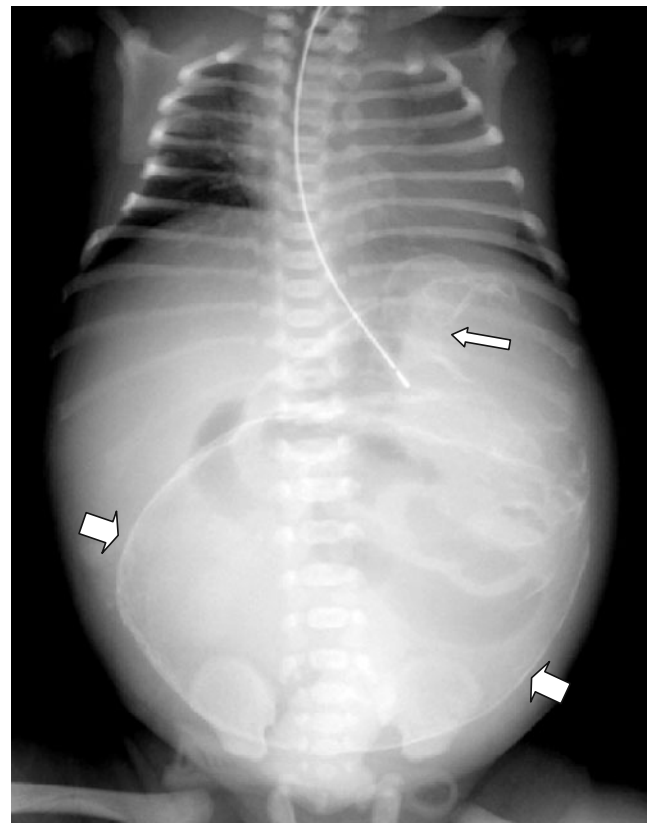


Fig. 1 Supine radiograph of the chest and abdomen

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2. Lee YC, Chen CJ (2009) Meconium pseudocyst: a classical and successfully treated case. *J Formos Med Assoc* 108:247–252

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