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Abdominal Pseudocyst among Women in a Developing Community

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Abstract

Abdominal pseudocyst (APC) is an uncommon manifestation about which 3 examples have appeared in the recent literature. These were all in females, although the lesion is not peculiar to that sex. Following the suggestion by a Birmingham (UK) group that the establishment of a histopathology data pool facilitates epidemiological analysis, I personally made use of such a pool organized in a Regional Pathology Laboratory built by the Government for the large Ethnic Group called the Ibos or Igbos who live mostly in the South-eastern part of Nigeria. This afforded me, during the 1970– 2000 periods, the opportunity to collect cases of abdominal pseudocysts locally. I am persuaded that they merit documentation alongside First World literature.

Keywords: Abdomen, pseudocyst, female, Ibos, epidemiology

Introduction

Abdominal pseudocyst is an uncommon entity found as the name implies within the abdomen [1]. A good way of studying it was borrowed from a Birmingham (UK) group which emphasized that histopathology data pool facilitates epidemiologic analysis [2]. Having been in charge of such a pool serving the Ibos or Igbo of South-eastern Nigeria [3], the opportunity surfaced to analyze the data personally accumulated over the years with reference to the abdominal pseudocyst (APC) during a defined period. This promised to be worthy of publication in a women's Journal.

Investigation

During the period from 1970 to 2000, the author was the sole pathologist in charge of the Regional Pathology Laboratory built by the Government and sited at the Capital, Enugu. Having stressed the importance of submitting biopsy specimens with printed Histopathology Forms, the analysis of personally stored materials facilitated the publications on such female subjects as (i) vulva [4], (ii) cervix [5], (iii) tube [6] and (iv) breast [7]. In the present study, although the subject pertains to both sexes, the females are chosen alone for this women's Journal.

Results

The Figure 1 shows part of a cyst with mucinous contents. Table 1 shows the epidemiological data.

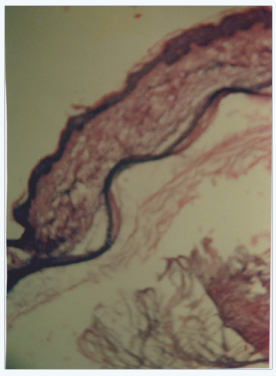

Figure 1: Section of abdominal pseudocyst with mucoid contents.

Table 1: Epidemiological data on 7 women.

S/No.	Lab No.	Initial	Age	Parity	Town	Doctor	Diagnosis
1	B 1362/75	UF	32	4	Aba	Igbogbahaka	Cyst
2	B 1758/75	OJ	50	-	Enugu	Okeke	Mesenteric cyst
3	2998/77	OA	24	1	Afikpo	Brennary	Cyst
4	2575/85	CO	45	6	Enugu	Nweke	Retroperitoneal cyst
5	UH 1407/88	OI	25	1	Amaigbo	Reddy	Intra-abdominal cyst
6	UH 1039/89	NE	60	-	Ogwashi Ukwu	Njeze	Preaortic cyst
7	9502174	JO	20	-	Enugu	Ekwueme	Intraperitoneal pseudocyst

Discussion

It is apparent that Enugu municipal hospitals preponderated while Missionary Hospitals were situated in 3 towns. This is evidence of the contributions of foreigners in the local health services. Incidentally, as though this was individual case reporting, no doctor submitted more than a specimen. It is of interest that all appreciated the cystic nature of the lesions, one of them going as far as diagnosing "Intraperitoneal pseudocyst."

There is the abiding question of the usefulness of histopathology services rendered to distant hospitals [8]. I am persuaded that this is important especially in developing countries [9,10]. Meanwhile, the diverse literature on the subject is growing widely [11,12].

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