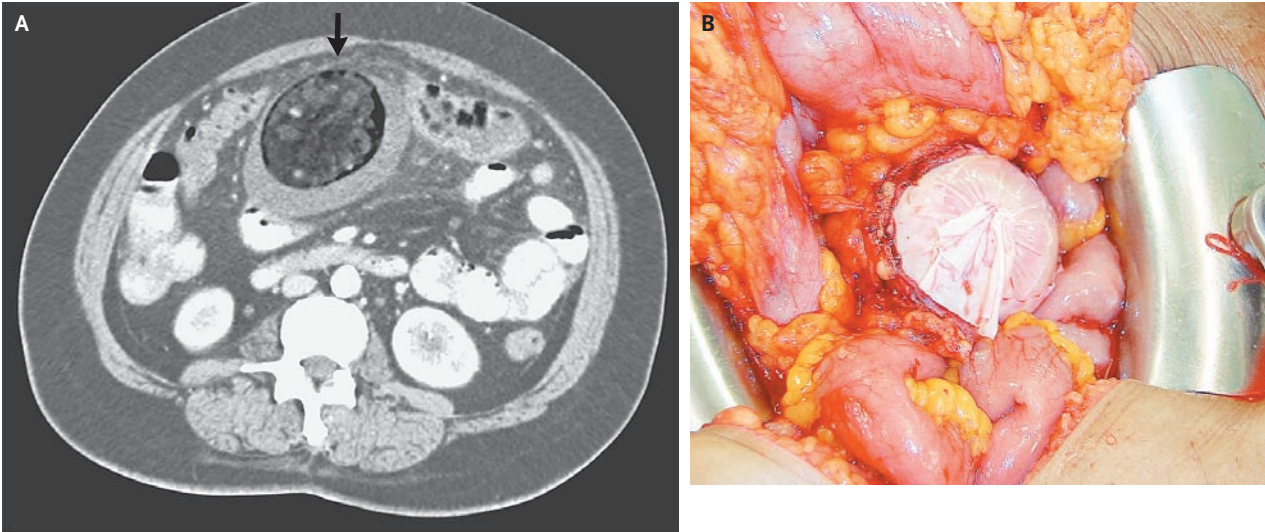


## IMAGES IN CLINICAL MEDICINE

## An Intraabdominal Cyst



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A 50-YEAR-OLD WOMAN PRESENTED WITH ABDOMINAL TENDERNESS, FEVER, and vaginal bleeding. Physical examination showed a periumbilical mass and necrosis of the upper wall of the vagina. Laboratory data were notable for a leukocyte count of 14,600 per cubic millimeter, without eosinophilia. Computed tomography showed a large intraabdominal cystic lesion with variable density and a thick wall (Panel A, arrow). Fine-needle aspiration revealed no signs of cancer or parasitic infection. Diagnostic considerations included an infected pseudocyst and a mesenteric or dermoid cyst. Antibiotic therapy was started, and the patient recovered quickly. Explorative laparotomy revealed an intraabdominal plastic bag containing 80 g of cocaine, surrounded by small-intestine mesentery (Panel B). The patient subsequently acknowledged inserting the plastic bag, containing individual packets of cocaine, into the vagina 3 months earlier. The bag must have migrated through the vaginal wall into the abdominal cavity, where it was encapsulated. “Mules,” or “bodypackers,” often smuggle illicit drugs through customs inspection by swallowing many individual drug-filled packets. Surgical intervention may be necessary, because death can occur if a packet leaks or breaks. Insertion into the anus or vagina is usually done for temporary concealment.

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