

Correspondence

Abdominal cocoon as a presenting feature of systemic lupus erythematosus. *A rare presentation*

To the Editor

I read with interest the article “Abdominal cocoon as a presenting feature of systemic lupus erythematosus” by Bansal et al.¹

Abdominal cocoon is not an uncommon condition. This clinical entity needs to be kept in mind, whenever we have a patient who has chronic sub-acute intestinal obstruction needing surgical managements.

The authors have not mentioned clearly regarding the first operation, whether complete excision of the fibrous encapsulation was carried out or not. Complete excision of the cocoon usually gives complete post-operative relief. In my case, I had 3 patients in 3 different countries. The first patient was an Indian at Ellen Thoburn Cowen Memorial Hospital, Kolar Karnataka, India. The second patient was from Al Marj Hospital, Libya, and the third patient was from Huraymala General Hospital, Huraymala, Kingdom of

Saudi Arabia. The first 2 patients were young ladies, and the third patient was an Egyptian male. All the patients presented with sub-acute intestinal obstruction, and not responding to conservative line of management.

The first 2 patients were operated by me and the third patient was operated by Dr. Omar Al Tayab, and was assisted by me. All the patients had exploratory laparotomy and extirpation of the fibrous capsule. Biopsy revealed only non-specific chronic inflammatory features. All the patients responded well to the surgery, and were discharged in good condition.

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No reply was received from the Author

References

1. Bansal RK, Kumar A, Bansal N, Arora A. Abdominal cocoon as a presenting feature of systemic lupus erythematosus. A rare presentation. *Saudi Med J* 2013; 34: 1189-1191.

Illustrations, Figures, Photographs

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