

# Anomalous Peritoneal Fold: Cystogastrocolic Fold Observed in a Female Cadaver

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Nagabhooshana et Vollala. Acta Med Sal 2011; 40(1); 42-43. DOI: 10.5457/ams.136.10

Case report. Anatomical variations of peritoneal folds are rare. We present a peritoneal fold connecting pyloric part of stomach, right colic flexure and gall bladder observed in an adult female cadaver. Literature review shows the variant peritoneal fold can be called as cystogastrocolic fold.

**Keywords.** peritoneum; cystogastrocolic fold; stomach; colon; gall bladder

### INTRODUCTION

The peritoneum is the serous membrane that forms the lining of the abdominal cavity. It covers most of the intra-abdominal organs. Peritoneum presents two layers and a potential space between them. The outer layer, called the parietal peritoneum, is attached to the abdominal wall. The inner layer, the visceral peritoneum, is wrapped around the organs. The potential space between these two layers is the peritoneal cavity which is filled with a small amount (about 50 ml) of slippery serous fluid that allows the two layers to slide freely over each other. Anomalous peritoneal folds extending from one organ to another are rare.

However, the recognition of the deformity produced by these folds is important, requiring differentiation from pathological changes.

### **CASE REPORT**

During routine dissection of abdomen region of an adult female cadaver, we observed an anomalous peritoneal fold (Figure 1). The peritoneal fold was connecting pyloric part of stomach, right colic flexure and gall bladder. There were no blood vessels in the fold. The extrahepatic biliary apparatus, duodenum, stomach and near by blood vessels were normal. The anomalous peritoneal fold found can be called as "cys-

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Received 28.01.2010 Accepted 28.03.2011

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## Competing interests The authors declare no competing interests.



Figure 1. Photograph showing anomalous peritoneal fold - cystogastrocolic fold and other structures: 1 - stomach; 2 - right colic flexure; 3 - gall bladder; 4 - cystogastrocolic fold; 5 - liver; 6 - transverse colon

togastrocolic fold".

## **DISCUSSION**

Presence of cystogastrocolic fold is a rare anomaly. There are only few reports regarding the variant peritoneal fold in the literature [1,2]. Knowledge of this type of anomalous fold is useful in differentiating pathological constrictions due to ulcerations from anatomical constrictions due to peritoneal folds. In a report of Colak et al. (2002) the greater omentum and falciform ligament were connected by an anomalous peritoneal fold with blood vessels in it [3]. In the present case the variant fold did not present any blood vessels in it. A case of proximal jejunal obstruction by a congenital band has also been reported [4]. Although there are some reports regarding anomalous peritoneal folds, the variant peritoneal fold presented here connecting stomach, colon and gall bladder is unique. There was a similar report of cystogastrocolic fold by Pamidi et al. (2008) in which they also observed atrophy of gall bladder and variant quadrate lobe of liver [2], but the difference in the present report is there were no other anomalies associated. The probable developmental reason for this anomalous fold may be due to adhesion between dorsal and ventral mesogastria during the rotation of stomach in the intrauterine life.

The variation presented here can be an interested finding to anatomists, surgeons and gastroenterologists.

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## **Citation friendly format:**

Somayagi Nagabhooshana, Venkata Ramana Vollala. Anomalous Peritoneal Fold: Cystogastrocolic Fold Observed in a Female Cadaver. Acta Medica Saliniana 2011;40:. DOI:10.5457/ams.136.10

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