XVIII. Diseases of Liver, G. Bladder, Pancreas & Peritoneum Peritoneum

3. Encysted (intermediate form):

- Is a combination of the moist and dry types; is localized; more in women; usually confined to the pelvis → granulation tissue between loops of intestine → a spaceenclosing fluid (D.D. cysts, namely, ovarian, para-ovarian or abdominal).
- Clinically, Either:
- Acute → abdominal pain, vomiting → abdominal pain, vomiting, distension, slight fever, rigidity and signs of free fluid in the peritoneal cavity.
- Or chronic and insidious \rightarrow weakness, loss of weight, headache, abdominal discomfort, hectic fever and diarrhoea alternating with constipation.

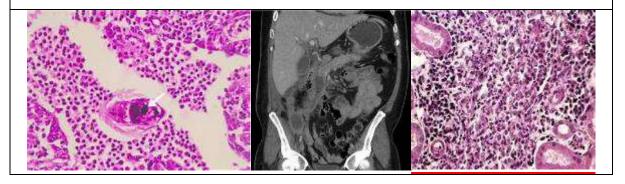


If secondary infection occurs:

- 1. Large caseous masses undergo liquefaction \rightarrow abscesses \rightarrow bursting \rightarrow fistulous openings between coils of intestines or through the skin at the umbilicus.
- 2. Acute peritonitis.

N.B.5:

• In Pick's disease, the peritoneal fluid is a transudate due to cardiac failure thick fibrous adhesions; and, the serosal surface of the liver or/and spleen is covered with a thick fibrous capsule (the so-called sugar-icing).



Bilharziasis:	
A piece of omentum	Shows nodules
Nodules	 Multiple Small in size (tubercle-like) up to 0.4 cm. Rounded, ovoid or irregular in shape Bluish-white and whitish-grey in colour Firm in consistence

N.B.:

- Histologically, the nodules proved to be bilharzial in nature.
- Bilharziasis of the peritoneum occurs in severe and massive infections → small flat nodules which appear pearly-white.
- On section of the nodule \rightarrow gritty sensation and rusty-white coloration.
- These nodules, which may be localized or diffuse, have to be differentiated from tumours.