Ectopic Cutis of the Peritoneal Cavity

Case N04-770

Presented by Heather Grodi

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Signalment

- Quarter Horse
- 8 months old
- Filly
- Liver chestnut and white

History

1.5 month history of abdominal pain and distension

rDVM performed CBCs:
- Revealed thrombocytosis, lymphocytosis, neutropenia, increased fibrinogen.

rDVM treated with 2nd generation sucralfate and trichlormethiazide dexamethasone

Upon presentation at UF Large Animal Hospital:
- Only a distended abdomen was observed during the physical exam
- CBC similar to previous results
Additional Diagnostics

- **Ultrasound**: copious peritoneal fluid with visceral fibrinous attachments
- **Abdominocentesis**: Modified transudate (83% neutrophils)
- **Gastroscopy**: Brown plaque on greater curvature

**Clinical diagnosis**: Severe gastritis with mucosal ulcerations and serosal leakage

- Treated for 2 days with metronidazole and trimethoprim sulfa (TMS)
- Due to a poor prognosis owner elected euthanasia.
Morphological Diagnoses

Ectopic cutis (epithelialization), bilaterally symmetrical, with ectopic squamous epithelium and follicular cysts, visceral and parietal peritoneum, associated with:

Peritonitis, fibrovascular and granulomatous, diffuse, severe
Effusion and adhesions, chronic, diffuse, severe, peritoneal cavity
Possible causes:

1. Neoplasia
   - Disseminated ovarian dermoid cyst with modification of visceral and parietal peritoneal layers

2. Chimera
   - Two genetically distinct entities incorporated into the lining of the peritoneum
Possible causes:

3. True ectopic cutis

- Abnormal migration of ectodermal elements into embryonic coelom that forms a lining over the visceral and somatic mesodermal layers
- Would need to occur prior to somatopleure closure and sealing of the ventral body wall
Visceral and parietal serosa normally do not contain an ectodermal surface component incapable of forming epidermal layers.

Introduction of ectodermal elements into areas normally composed of splanchnic and somatic mesoderm may enable the development of skin and hair.
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References:
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Questions?

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