Introduction

Abdominal pseudocyst is an uncommon entity found as the name implies within the abdomen [1]. A good way of studying it was borrowed from a Birmingham (UK) group which emphasized that histopathology data pool facilitates epidemiologic analysis [2]. Having been in charge of such a pool serving the Ibos or Igbo of South-eastern Nigeria [3], the opportunity surfaced to analyze the data personally accumulated over the years with reference to the abdominal pseudocyst (APC) during a defined period. This promised to be worthy of publication in a women's Journal.

Investigation

During the period from 1970 to 2000, the author was the sole pathologist in charge of the Regional Pathology Laboratory built by the Government and sited at the Capital, Enugu. Having stressed the importance of submitting biopsy specimens with printed Histopathology Forms, the analysis of personally stored materials facilitated the publications on such female subjects as (i) vulva [4], (ii) cervix [5], (iii) tube [6] and (iv) breast [7]. In the present study, although the subject pertains to both sexes, the females are chosen alone for this women's Journal.

Results

The Figure 1 shows part of a cyst with mucinous contents. Table 1 shows the epidemiological data.
Table 1: Epidemiological data on 7 women.

<table>
<thead>
<tr>
<th>S/No.</th>
<th>Lab No.</th>
<th>Initial</th>
<th>Age</th>
<th>Parity</th>
<th>Town</th>
<th>Doctor</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>B 1362/75</td>
<td>UF</td>
<td>32</td>
<td>4</td>
<td>Aba</td>
<td>Igbogbahaka</td>
<td>Cyst</td>
</tr>
<tr>
<td>2</td>
<td>B 1758/75</td>
<td>OJ</td>
<td>50</td>
<td>-</td>
<td>Enugu</td>
<td>Okeke</td>
<td>Mesenteric cyst</td>
</tr>
<tr>
<td>3</td>
<td>2998/77</td>
<td>OA</td>
<td>24</td>
<td>1</td>
<td>Afikpo</td>
<td>Brennary</td>
<td>Cyst</td>
</tr>
<tr>
<td>4</td>
<td>2575/85</td>
<td>CO</td>
<td>45</td>
<td>6</td>
<td>Enugu</td>
<td>Nweke</td>
<td>Retroperitoneal cyst</td>
</tr>
<tr>
<td>5</td>
<td>UH 1407/88</td>
<td>OI</td>
<td>25</td>
<td>1</td>
<td>Amaigbo</td>
<td>Reddy</td>
<td>Intra-abdominal cyst</td>
</tr>
<tr>
<td>6</td>
<td>UH 1039/89</td>
<td>NE</td>
<td>60</td>
<td>-</td>
<td>Ogwashi</td>
<td>Njeze</td>
<td>Preaortic cyst</td>
</tr>
<tr>
<td>7</td>
<td>9502174</td>
<td>JO</td>
<td>20</td>
<td>-</td>
<td>Enugu</td>
<td>Ekwueme</td>
<td>Intrapertoneal pseudocyst</td>
</tr>
</tbody>
</table>

Discussion

It is apparent that Enugu municipal hospitals preponderated while Missionary Hospitals were situated in 3 towns. This is evidence of the contributions of foreigners in the local health services. Incidentally, as though this was individual case reporting, no doctor submitted more than a specimen. It is of interest that all appreciated the cystic nature of the lesions, one of them going as far as diagnosing “Intrapertoneal pseudocyst.”

There is the abiding question of the usefulness of histopathology services rendered to distant hospitals [8]. I am persuaded that this is important especially in developing countries [9,10]. Meanwhile, the diverse literature on the subject is growing widely [11,12].

References