CASE OF ABDOMINAL LUMP

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Patient came with complains of:
- bleeding per rectum and complains of swelling in lower abdomen and pelvis gradually increasing in size since 3 months
- On per rectal examination a firm to hard lobulated mass is palpable in pelvis in pouch of Douglas anteriorly
- Patient had no history of any chronic illnesses and was no hospitalized prior for any such complains
Differential diagnosis

- Exophytic Malignant lesion arising from rectum
- Gastrointestinal stromal tumour
- Malignant Retroperitoneal mass especially malignant fibrous histiocytoma, rhabdomyosarcoma or fibrosarcoma
ON OPERATIVE TABLE IT TURNED OUT TO BE A LARGE RETROPERITONEAL MASS
REPORT OF HISTOPATHOLOGY

Pathology No.: B/3164/15

Nature of Specimen: Retroperitoneal tumour

Seen By: Dr. Shilpi / Dr. Priyanka

Gross: Received single, whitish, firm tissue piece measuring 2x1 cm.

Microscopy: H&E stained section studied shows a tumor consisting of hypercellular and hypocellular areas. Hypercellular areas consist of spindle cells with oval to round nuclei and moderate amount of cytoplasm. Hypocellular areas show vacuolated cells. Few thickened blood vessels seen in the stroma (hyalinised).

No evidence of mitosis / atypia

Impression: Histomorphological features suggestive of Schwannoma.

HOWEVER FINAL DIAGNOSIS ON EXCISION BIOPSY TURNED OUT TO BE RETROPERITONEAL SCHWANNOMA
Retroperitoneal schwannoma (also termed neurilemmomas or neurinomas) is a rare entity comprising only 0.5% to 12% of all retroperitoneal tumors. Most schwannomas are found in peripheral nerve fibers in the limbs, head, and neck. In the retroperitoneal position, they occur most commonly between 40 and 60 years of age, with a male/female ratio of 2:3.

Diagnosis in the retroperitoneal position is difficult, and a large and deeply situated tumor is usually present before patients have any symptoms. The symptoms are vague and nonspecific, such as vague abdominal pain and dull ache.

Radiological studies are fundamental in the diagnostic evaluation. Computed tomography scans typically show well-defined low or mixed attenuation with cystic necrotic central areas. Cystic changes occur more commonly in retroperitoneal schwannomas (up to 66%) than in other retroperitoneal tumors.

Therefore, surgical resection is the only accurate approach for pathologic evaluation to enable diagnosis of retroperitoneal schwannoma.
REFERENCES


