Rare Case Presentation And Reporting of an Unusual Cause of Loin Mass

Bashir J[1], Muhammad S.R[2], Jabeen A[3]

Abstract:

Objective: To determine the presentation and pathological findings of a rare case of huge abdominal mass.

Material and Methods: This case study of "rare case presentation and reporting of an unusual cause of lion mass "was carried out in Muhammad medical college Mirpurkhas. over a period of one year from January 2012 to January 2013 in the department of surgery.

Retro Peritoneal abdominal mass was sent to hospital laboratory for biopsy and other pathological findings.

Results: A 65 years old man was feeling abdominal mass for 25years. During surgery we found a large, round, fatty mass in the retroperitoneal space, which was easily removed by surgery. On further cutting most of the central part of mass was necrosed and partly liquefied and dark brown in colour. Section showed tumor. Tumor was composed of variegated tissue predominantly variable thick vascular channels separated by oval. Spindle and large polyhedral cells containing bland nuclei. Their cytoplasm ranged from pale, densely, esinophilic to granular in appearance. Benign looking kidney tissue with feature of chronic pyelonephritis was also present.

Conclusion: We concluded that the abdominal mass from the kidney / retroperitoneal soft tissue was benign mesenchyme tumor more in favor of angiomyolipoma.

Introduction:

Angiomyolipoma (AML) is an uncommon mesenchymal neoplasm that mostly appears in the kidneys, but also can arise in the (retroperitoneum). However, tumors rarely occur in retroperitoneal locations, and when they do they are difficult to diagnose because the majority of lipogenic tumors that occur in the retroperitoneum are liposarcomas.[1]

AML (angiomyolipoma) is a rare, complex mesenchymaltumour, characterized by proliferation of blood vessels, smooth muscle and adipose tissue elements. It is considered a benign neoplasm, even though it may exhibit atypical histological features, involve regional lymph nodes and be multifocal.[2,3,4]

Although most AMLs arise in the kidney, they can also arise in the liver, nasal cavity, oral cavity, heart, colon, lung, andskin.[5]However, a retroperitoneal location is unusual, with only approximately 10 cases being reported in the English literature.[6,7]Purpose of this study to find out the

complete information and pathological findings of very huge cyst like abdominal mass.

Case Report:

On the basis of earlier taking history in OPD a 65 year male was fine 25 years back, then he felt Mass in

centre of abdomen, which slowly & gradually increased and was reached at very huge cyst like. Mass is non tender, soft to firm, not moveable, disfiguring the abdomen shape, lump never disappear when notice, associated with extensile swelling above umbilicus from 2 years. He had no any other lump in body and he was thinkingthe lump is the cancer. No any complain and signs were found of weakness, anorexia, wt loss and change in bowel habits. Nosignificant past history, while he found positive lab report of HBsAg during investigation, no drug history, no any running disease and same problem in family and other close relatives. Sexual habits was normal same as previous days when he was fine. For further procedure patient was admitted in ward.

General Physical Examination:

According to physical examination jaundice – ve,anemia – ve, lymph nodes –ve, clubbing –ve, cyanosis –ve, dehydration –ve, and edema was –ve. On the abdominal examination umbilicus centrally placed, bulge was on central part of abdomen, more on right side of abdomen, with smooth surface & extending from RHC up to down to pelvis, especially at right lumber area, no scar, no any deformity was seen. Abdominal tenderness was negative, B/S was positive and external genitalia were normal.

When lump was examined, it was located at right side of Abdomen, distorting the shape of umbilicus, about the size of water million, skin over the lump was normal & become smooth & shinny due to stretching, no scar, no pigmentation, no dilated veins were seen. Shape of lump was symmetrical, surface was smooth, normothermic, non tender, size was 20 cm + 20cm, indistinct edges, soft to firm in consistency, fluctuation –ve, fluid thrill – ve, not transilluminatible, dull on percussion, non pulsatile, not compressible, no bruit, not reducible, no +ve surrounding structure relation, regional Lymph nodes were not palpable.

Lab Investigations

- Complete Blood count = normal
- UCE = normal
- LFT = normal
- PT & APTT = normal
- HCV Ab = -ve

1. Assistant professor, Department of Surgery, Muhammad medical college Mirpur khas
2. Professor of Surgery,HOD, Managing Trustee, Muhammad Foundation Trust Mirpurkhas
3. Assistant Professor, Department of Gynae/ Obs. Muhammad Medical College Mirpurkhas

.*=corresponding author:
Syed Razi Muhammad

- HBsAg = +ve
- Urine DR = normal
- Chest X-Ray = normal
- U/S Abdomen = Multiple cyst in kidneys & right

secondaries. A drain was kept in right subheptic space. Wound was closed back in layers. ASD was done. After that removal lump was send to our hospital laboratory for biopsy.

Pathological Findings

Gross Examination: Specimen received consists of surgically cut roughly oval grayish brown partly cystic mass about the size of man's head. Figure 1). On further cutting most of the central part of mass in necroses and partly liquefied and dark brown in color, friable in nature and mostly broken into pieces. Lot of fluid material which is dark brown in color is also present. Surrounding tissue is grayish white to brown in color.

Microscopic Examination:

Section shows tumor. Tumor is composed of variegated tissue predominantly variable thick vascular channels separated by oval. Spindle and large polyhedral cells contain bland nuclei. Their cytoplasm ranges from pale, densely, eosinophilic to granular in appearance. Benign looking kidney tissue with feature of chronic pyelonephritis is also present. Tumor shows large areas of myxoidand degenerative changes resulting in abundant a cellular densely pink tissue. Foci of ossification likely of met plastic in nature are present. Features of the malignancy such as increase d abnormal mitosis are absent. Finally results were found that removal abdominal mass was the Kidney / retroperitoneal soft tissue. Benign mesenchymal tumor more in favor of angiomyolipoma.

Discussion:

AML is a histologically complexmesenchymal neoplasm characterized by aproliferation of blood vessels, smooth muscle, andadipose tissue elements. The kidney is the most common primary site for AML, though involvement of extra renal sites, including the retroperitoneal, has been rarely described.[8]

In this study age of the patient were noted 65 years and abdominal mass was huge cyst like, in another study of same case age was shows 49 years.[1]On the basis of physical

examination of this case, jaundice - ve,anemia - ve, lymph nodes -ve, clubbing -ve, cyanosis -ve, dehydration -ve, and edema was -ve, abdominal ultrasound shows multiple cyst in kidneys & right kidney mild hydronephrosis, complex mass right side of abdomen, C T Scan shows mass connected &arises from right lobe of liver, chest xray was normal and mostly other lab investigations were normal. Same results was reported by a study of renal angiomyolipoma.[9]

According to pathological findings of removal lump measure was 25 cm + 25 cm like man head, on further cutting most of the central part of mass in necroses and partly liquefied and dark brown in color (figures). Section shows tumor, Tumor is composed of variegated tissue predominantly variable thick vascular channels separated by oval. Spindle and large polyhedral cells contain bland nuclei. Their cytoplasm ranges from pale, densely, esinophilic to granular in appearance. Benign looking kidney tissue with feature of chronic pyelonephritis is also present. Tumor shows large areas of myxoid and degenerative changes resulting in abundant a cellular densely pink tissue. Similar results was noted in some other studies.[1,10,11]

Conclusion:

We conclude that the removal huge cyst like abdominal mass was the kidney / retroperitoneal soft tissue may be benign mesenchymal tumor more in favor of angiomyolipoma.

References:

1. Dakeun Lee, Joungho Han Sung Joo Kim,[1]Dongil Choi. [2] Giant Retroperitoneal LipomatousAngiomyolipoma Simulating Liposarcoma.The Korean Journal of Pathology2007; 41: 406-8
2. Lau S K, Marchevsky A M, Mckenna R J., Jr *et al* Malignant monotypic epitheloidangiomyolipoma of the retoperitoneum. Int J SurgPathol 2003. 11223-228.228.
3. Yokoo H, Isoda K, Nakazato Y. *et al* Retroperitoneal epitheloidangiomyolipoma leading to fatal outcome. PatholInt 2000. 50649-654.654.
4. Mansi MK, Al-Khudair WK, Al-bqami NM ef all Extrarenal retroperitoneal angiomyolipoma Saudi Med J 2002. 231124-1126. 1126
5. Weiss SW, Goldblum JR. Enzinger and Weiss's soft tissue tumor.4th ed. St. Louis: Mosby 2001; 605-7.
6. Shimada S, Harada H, Ishizawa K, Hirose T. Retroperitoneal lipomatousangiomyolipoma associated with amyloid deposition masqueradingas well-differentiated liposarcoma. PatholInt 2006; 56:638-41.
7. Tseng CA, Pan YS, Su YC, Wu DC, Jan CM, Wang WM. Extrarenalretroperitoneal angiomyolipoma: case report and review of the literature.Abdom Imaging 2004; 29: 721-3.
8 Yokoo H, Isoda K, Nakazato Y, Nakayama Y, Suzuki Y,Nakamura T, Shinaki H, Aiba M. Retroperitonealepithelioidangiomyolipoma leading to fatal outcome.PatholInt2000: 50:649-654,
9. Vijay Kumar K.r., T. arulDasan. Giant Angiomyolipoma of the Kidney withPerinephric Extension: A Rare Case. Journal of Clinical and Diagnostic Research. 2012 June, Vol-6(5): 910-912
10. Shimada S, Harada H, Ishizawa K, Hirose T. Retroperitoneal lipomatousangiomyolipoma associated with amyloid deposition masqueradingas well-differentiated liposarcoma. PatholInt 2006; 56:638-41
11. Wang LJ, Wong YC, Chen CJ, See LC. Computerized tomographycharacteristics that differentiate angiomyolipomas from liposarcomasin the perinephric space. J Urol 2002; 167: 490-3.