

Not all intra abdominal masses warrant biopsy: Neurogenic tumor, an alternate consideration for a right paraduodenal nodal mass.

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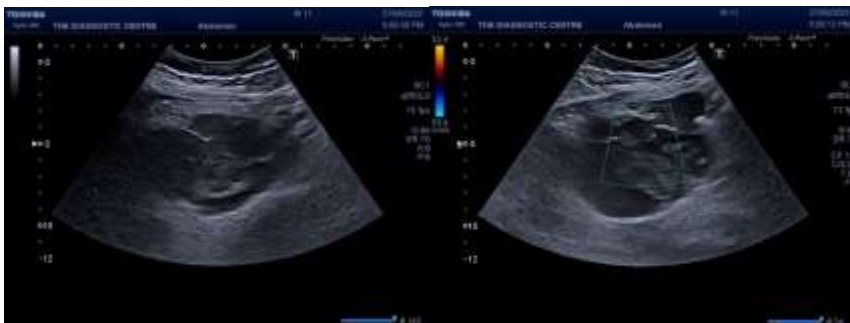
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Introduction:

Abdominal neurogenic tumors are most commonly located in the retroperitoneum and adrenal glands however, rarely can they be encountered in other locations such as the urinary bladder, bowel wall, abdominal wall and gallbladder. They are most often asymptomatic and discovered when an imaging is done for other reasons. Surgical resection is the optimal treatment and a definitive diagnosis can only be made postoperatively by histopathological and immunohistochemical analyses of surgical specimens.

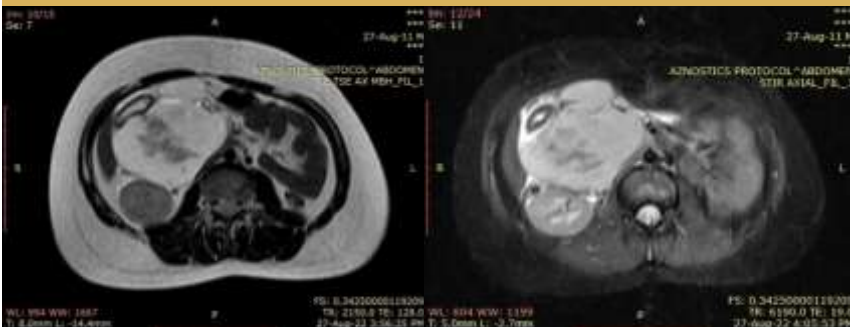
Case Report:

We report a case of 11 years old male patient presenting with complaint of pain and gradually increasing lump in the right flank of the abdomen. The patient subsequently underwent abdominal ultrasound and CT examinations and was thus referred with a request to percutaneously biopsy the abnormality which had been labelled as paraduodenal paracaval lymphomatous nodal mass.

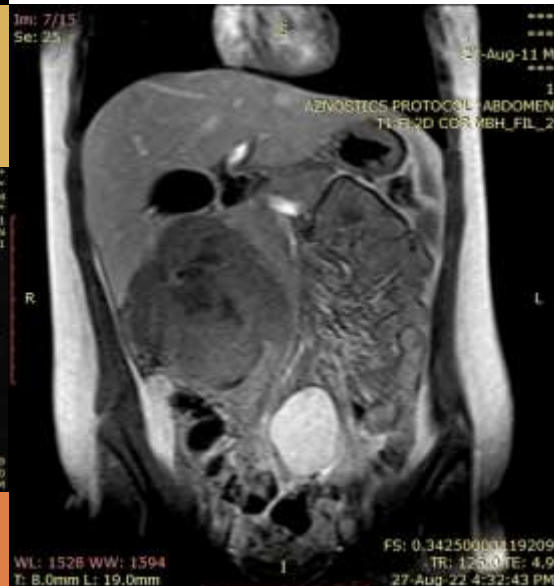


A repeat ultrasound examination showed that the lesion is well encapsulated and predominantly cystic with central small relatively freely floating fibrillar component with multiple strands attaching it to the capsule. A decision was then made not to biopsy this lesion given the pretest probability of a yield from a biopsy was extremely low.

Instead of a biopsy, the patient was subjected to a contrast enhanced abdominal MR examination which demonstrated a well defined encapsulated lesion; cystic peripheral component and central non-enhancing relatively solid part. The examination confirmed a relatively benign nature of the lesion, thus an alternate probability for neurogenic origin of the lesion, likely neurofibroma or ganglioneuroma was considered.



After due consideration with the referring physician, it was decided to follow the patient on a 3 months interval ultrasound examination. The first follow-up examination after an interval of two months did confirm stable appearances.



Conclusion:

Abdominal neurogenic tumors commonly manifest radiologically as well-defined, smooth or lobulated masses. Diagnosis is suggested by the imaging appearances, location, shape, and internal architecture. Whilst their intraabdominal location remains rare, they must be taken into consideration in the differential diagnosis of antra abdominal and retro-peritoneal masses.

References:

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