

Retroperitoneal Tumour Masquerading as Mesenchymal Neoplasm of the Liver

Vijay Ramachandran^{*1}, G. Ramesh² and B.V. Vydehi³

¹Department of Surgical Gastroenterology, ²Department of Surgical Oncology, ³Department of Pathology, Narayana Medical College & Hospital, Nellore, India

Abstract: Retroperitoneal tumours usually attain large size until they present with symptoms of lump in the abdomen or with features of adjacent organ involvement. Occasionally, by virtue of their location, they may mimic pathologies of organs in their vicinity. We report a case of Retroperitoneal Leiomyosarcoma which masqueraded as Primary Liver Schwannoma.

Keywords: Retroperitoneal leiomyosarcoma, schwannoma.

CASE REPORT

A 50 year old lady presented with complaints of epigastric pain and anorexia of 3 months duration. Clinical examination revealed an epigastric mass which was moving with respiration. Ultrasound study of the abdomen done elsewhere revealed a heteroechoic, hypovascular mass 15 x 14 cms extending from the inferior surface of the left lobe of the liver to the IVC displacing the caudate lobe. CECT Abdomen revealed a heterogenous mass 11 x 9 x 7 cms arising from the left lobe of the liver & caudate lobe with non visualisation of left branch of the portal vein (Fig. 1). As the Serum Alpha fetoprotein was not elevated and owing to the atypical presentation, we obtained a Trucut biopsy from the lesion which showed fragments of hepatic parenchyma with spindle cells arranged in bundles and whorls and occasional Verocay bodies (Fig. 2). With a preoperative diagnosis of Primary Liver Schwannoma, the patient was taken up for surgery. Peroperatively, a 12 x 10 cms bosselated tumour of varying consistency with pseudopodia like projections into the adjoining tissues, arising from the retroperitoneum was noted (Fig. 3). The tumour was encasing the inferior vena cava (IVC), displacing the left lobe of the liver upwards, the stomach to the left and structures in the Porta to the right. There was a metastatic nodule in the Caudate lobe. Proximal and distal control of the IVC was obtained prior to dissection. Although vascular control of the portal structures was obtained, hepatic inflow occlusion was not employed during the procedure. Excision of the tumour, caudate lobe resection and repair of IVC was done. Postoperative period was uneventful. Histopathology of the resected specimen revealed a spindle cell lesion exhibiting marked pleomorphism with areas of necrosis and myxoid change (Fig. 4). The caudate lobe was also found to be involved by the lesion.

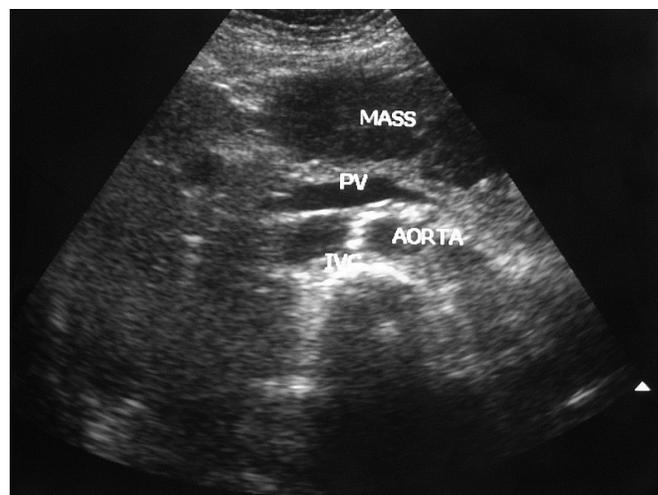


Fig. (1). USG Abdomen Showing heteroechoic, hypovascular mass.



Fig. (2). CT Scan Showing heterodense mass lesion.

DISCUSSION

Retroperitoneal leiomyosarcomas are relatively rare tumours and may present with large size, fistula formation,

*Address correspondence to this author at the Department of Surgical Gastroenterology, Narayana Medical College & Hospital, Chinthareddypalem, Nellore, Andhra Pradesh, Pin - 524002, India; Tel: 97036 17721; Fax: 0861 2317753; E-mail: drvijayr@gmail.com

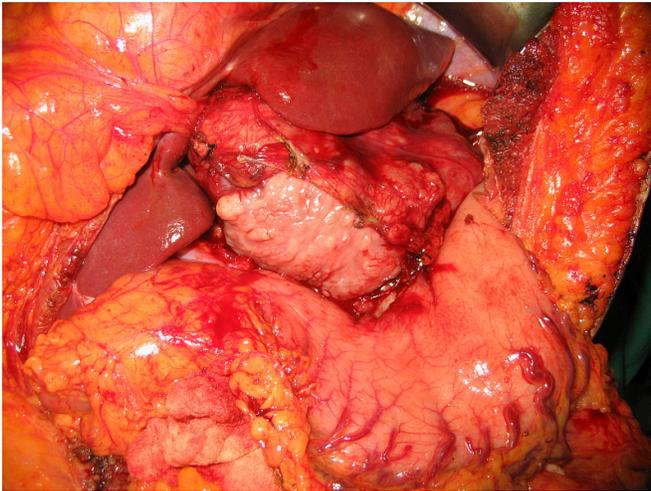


Fig. (3). Peroperative photograph showing bosselated tumour in the lesser sac.

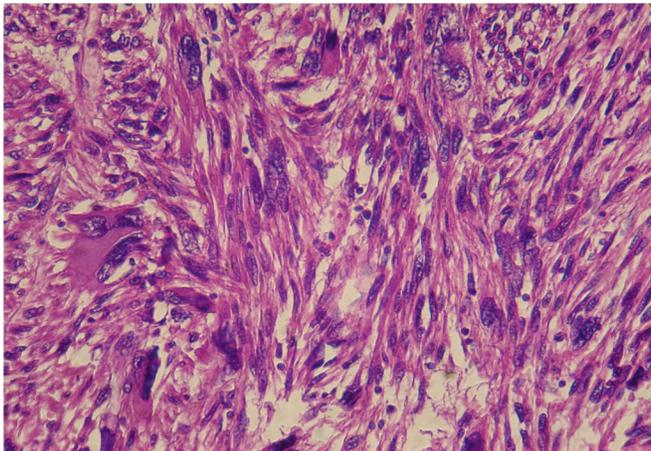


Fig. (4). Biopsy with H & E stain showing spindle cell lesion with marked pleomorphism, necrosis & myxoid change.

massive intra abdominal bleeding, spontaneous rupture and even gastroparesis [1-3]. However, their clinical and radiological presentation masquerading as a liver tumour has not been reported previously. In this case, the erroneous impression of a mesenchymal neoplasm of the liver was due to the fact that at the time of trucut biopsy, the needle probably must have passed through the liver tissue overlying the tumour. The upward displacement of the left lobe of the liver by the tumour was confirmed intraoperatively. Surgical resection with gross and microscopically negative margins remains the standard of care. The role of adjuvant chemoradiation to reduce local recurrence remains to be clearly defined [4].

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