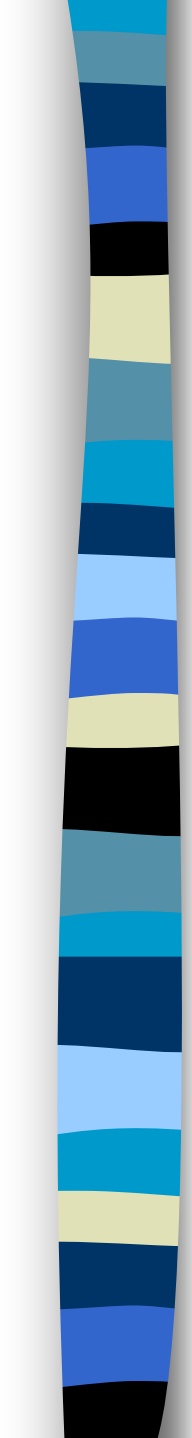
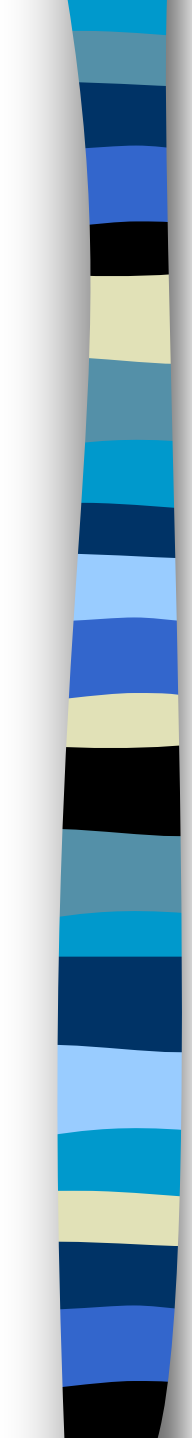
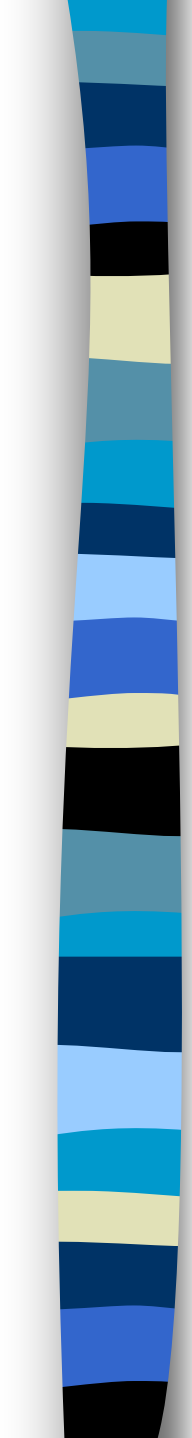


- 
- 男性
 - age:88 yr
 - date of admission:4-7-92
 - occupation: 公務員

- 
- Chief complain:
 - abdominal fullness for 5 days
 - Present illness
 - poor appetite, anorexia
 - abdominal fullness since 92-4-3
 - constipation
 - right lower quadrant pain
 - right back and thigh pain

- 
- Family history: nil
 - Personal history:Smoking:(-)Alcohol:(-)Food allergy:(-)Drug allergy:(-)Betnut eating:(-)
 - Past history:
 - Medical history : HTN(+)
 - Surgical history :
pacemaker in國泰 4 years ago
appendectomy 50 years ago,BPH S/P 34 years ago



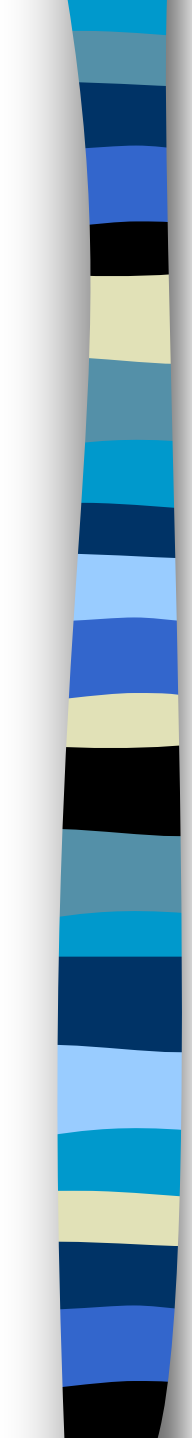
Review of systems

- weakness(+), fever(-), weight loss(-)
- dysphagia(-), nausea(-), vomiting(-),
- change of bowel habit(+)
- loss of appetite(+), hematemesis(-)
- melena(-), bloody stool(-), abdominal pain(+)
- dysuria(-), frequency(-), hematuria(-),
- urgency(-), cloudy urine(-), back pain(+)



Physical Examination

- Body weight : 70 Kg, BW 169 kg
- Vital Signs : BP 150/70, RR18, PR70, BT 37度
- Consciousness : E(4)M(6)V(5) clear
- Lymph nodes: lymphadenopathy(-)
- Eye:pupil light reflex: prompt(-), sluggish(-), no reflex(-)
- Tongue: deviation(-)

- 
- Neck: jugular venous engorgement(-)
 - Lung:breathing sound:clear(-), rales(-),rhonchi(-)
 - Heart: heart beat : regular(+), murmur(-)
S3(-), S4(-)
 - Abdomen: distended(+)
bowel sound: hypoactive(+)
palpable mass(+), shifting dullness(-)



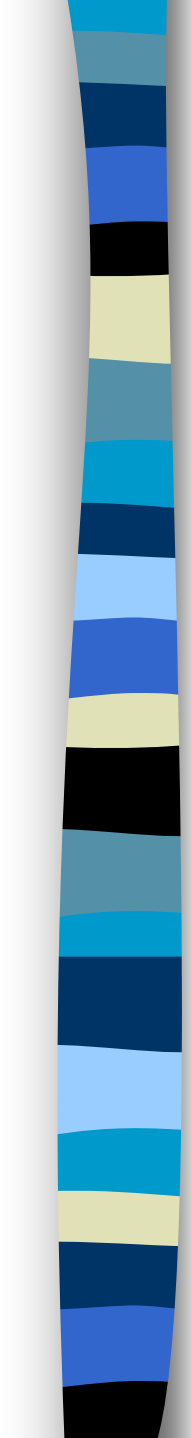
tenderness(-) superficial vein dilatation(-);
spider angioma (-)

- Extremities:pitting edema(-)
- Digital examination of rectum : **refused (+)**

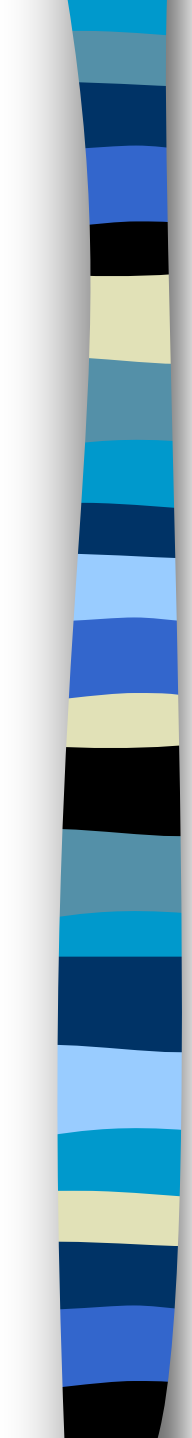


Lab

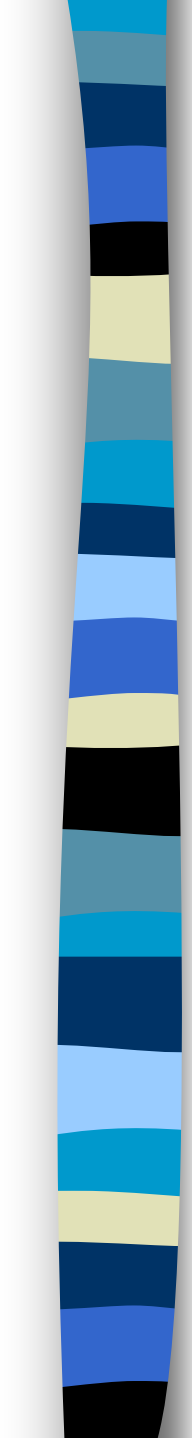
■ Albumin(血) [3.5-5.3 g/dl]	2.3
■ Chol(血) [130-200 mg/dl]	105
■ ALK-P(血) [66-240 IU/L]	96
■ Bilirubin D(血) [0.0-0.4mg/dl]	0.3
■ Bilirubin T(血) [0.2-1.2mg/dl]	0.8
■ LDH(血)[135-225 IU/L]	112
■ Ca(血) [8.4-10.2 mg/dl]	6.4
■ Mg(血)[1.8-2.7 mg/dl]	1.7



■ WBC [5.2-12.4 x10.e3/uL]	6.30
■ RBC [4.2-6.1 x10.e6/uL]	2.53
■ HGB [12-18 g/dL]	8.0
■ HCT [37-52 %]	23.6
■ PLT [130-400 x10.e3/uL]	233
■ %NEUT [40-74 %]	76.1
■ %LYM [19-48 %]	14.3



■ PT_FIB	13.75
■ PT_FIB_INR	1.43
■ PT_FB_%	54.84
■ APTT_T [20-36 sec]	35.80
■ APTT_R	1.28
■ Glu	149
■ Bun	39
■ creatinine	2
■ GOT	26
■ GPT	15



- **X-ray:**

Plain abdomen showed right side abdominal mass and dilated bowel loop

- **Impression:**

1. Obstructive ileus
2. Right abdominal mass r/o retroperitoneal tumor
3. Renal insufficiency



■ Sonography: 92.4.9

A huge heterogenous mixed echoic mass with septum formation at least 30cm in diameter occupied rt side of abdomen

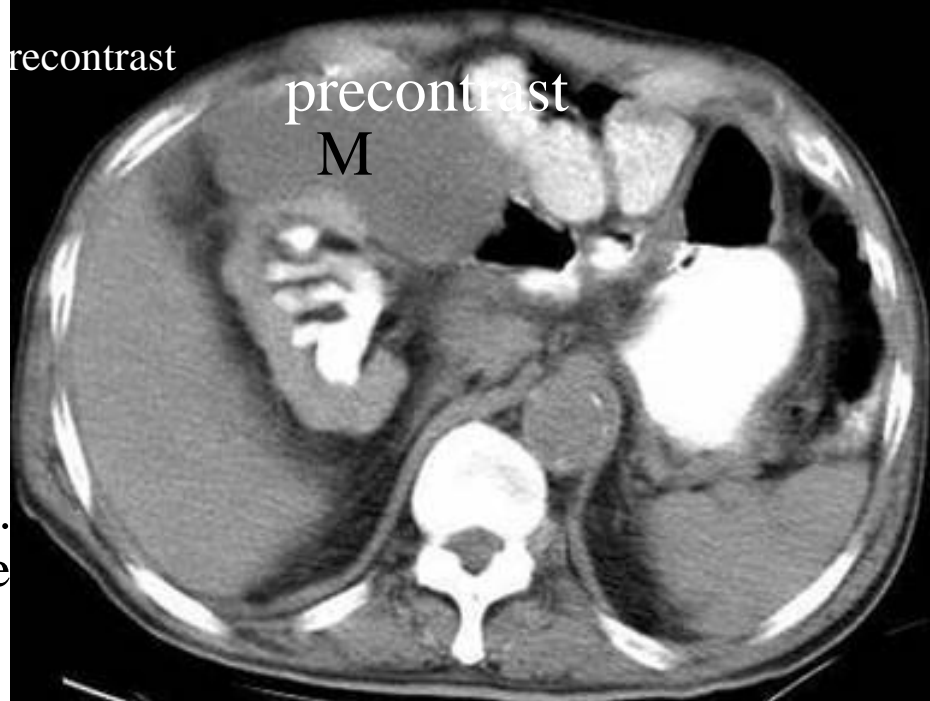


CT検査報告

- A huge, non-enhanced, low-attenuated mass measuring 12. cm x 17.9cm x 34.0 cm in size occupy the Rt pararenal space and involving the Rt iliopsoas muscle till the Rt thigh insertic level.
- The Rt kidney is displaced anterior-superior and medially by the huge retroperitoneal mass

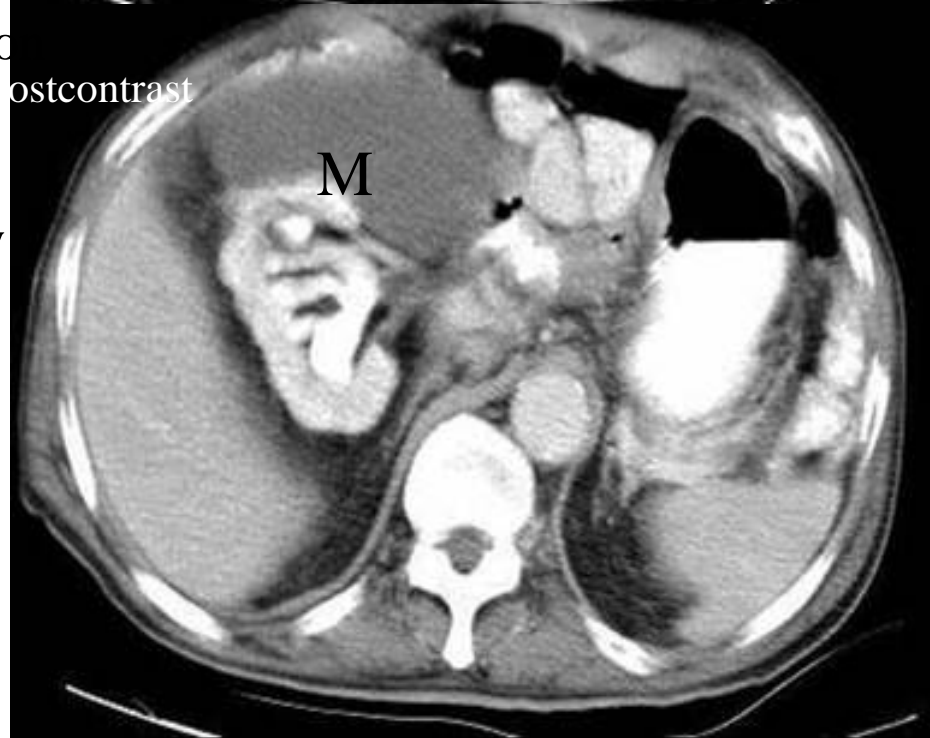
recontrast

precontrast
M



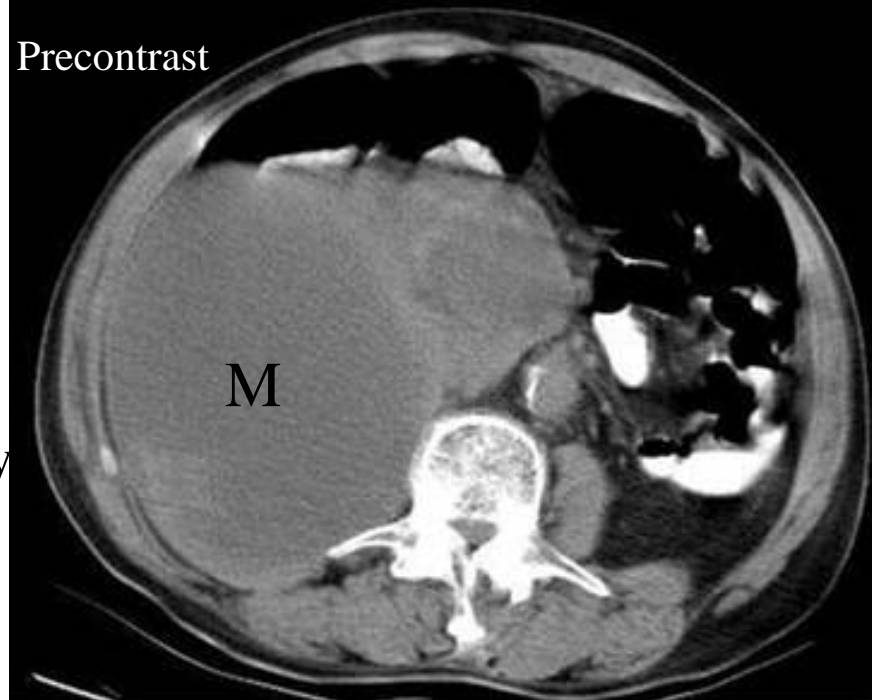
postcontrast

M

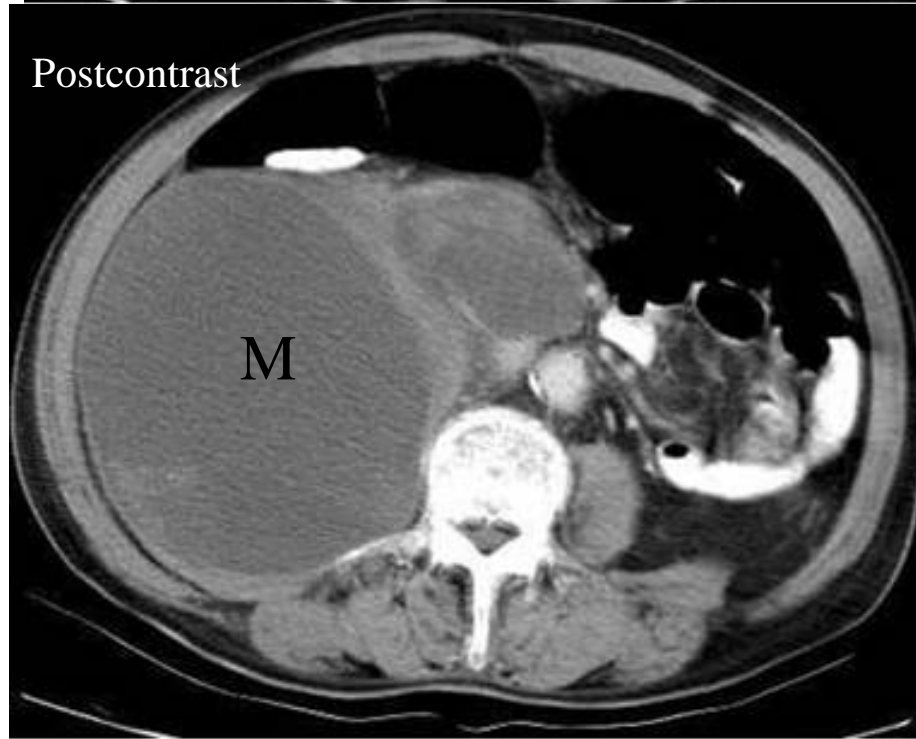


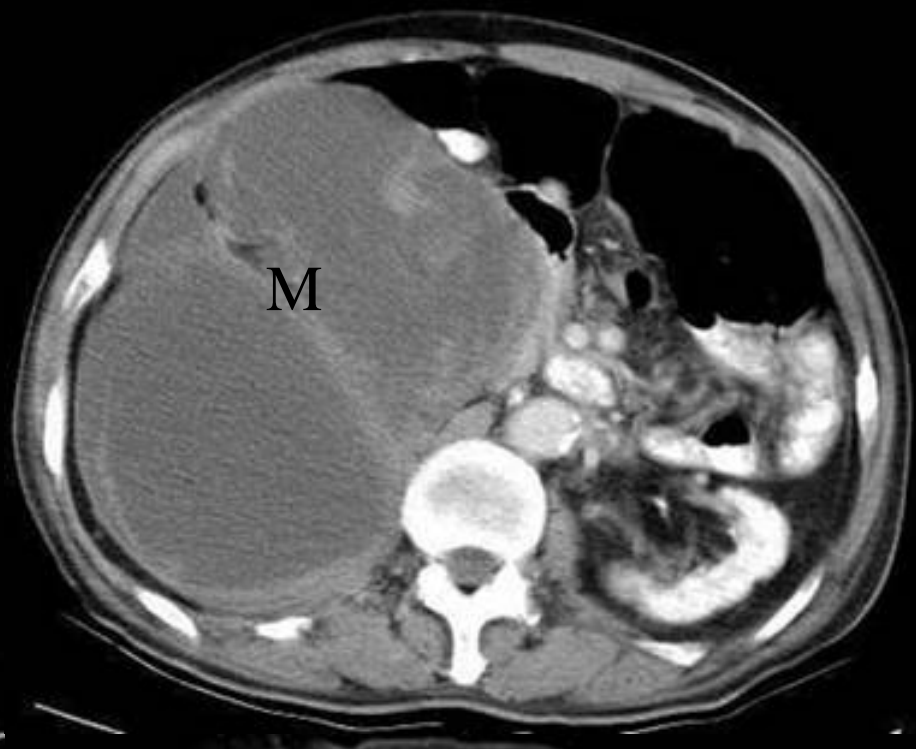
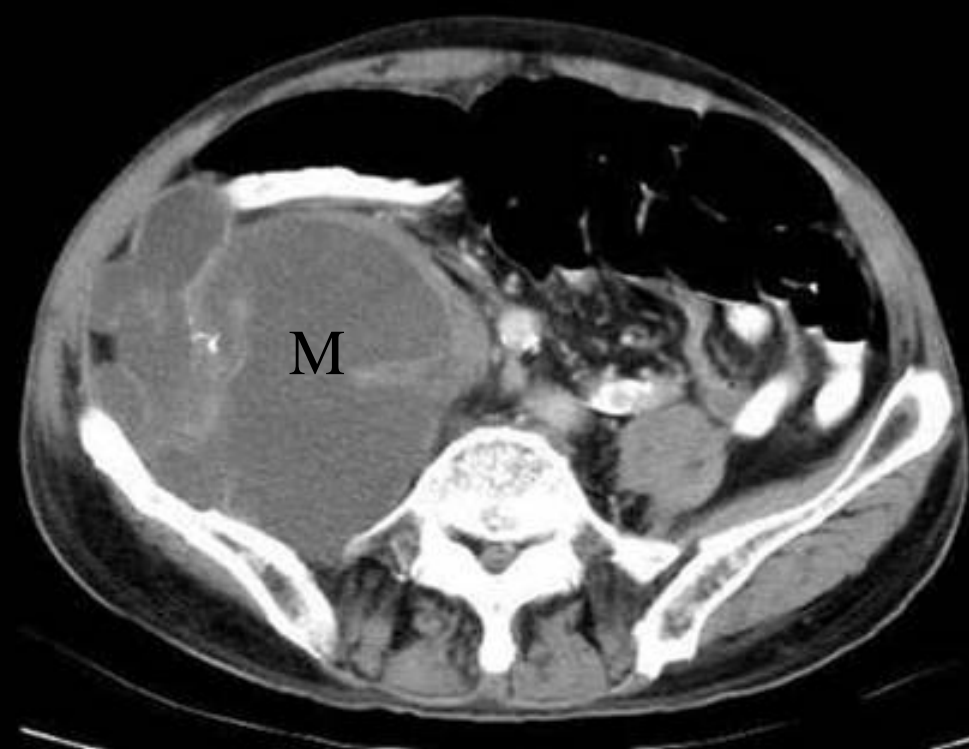
- Calcified spots and some mildly enhanced capsular solid components and septum post-enhanced within the Rt retroperitoneal mass are also noted
- The Rt retroperitoneal mass also extend to anterior, medial and posterior aspects of Rt perirenal space
- No definite abnormal enlarged para-aortic lymph nodes.

Precontrast



Postcontrast





- Bilateral pleural effusions with basal atelectases are seen.





Surgery

- Reteroperitoneal laparotomy and tumor resection
- Rt nephrectomy



Pathology

- Soft tissue, including psoas muscle, retroperitoneum, resection, mucinous cyst, Kidney, right, nephrectomy
 - 1). chronic pyelonephritis
 - 2). hydropelvisUreter, right, nephrectomy, hydroureter



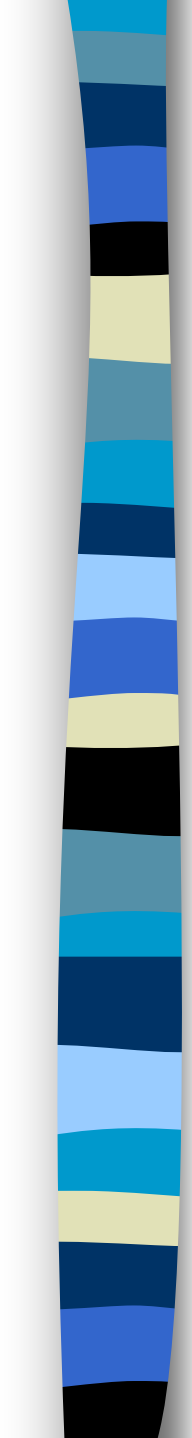
Differential diagnosis

- Retroperitoneal Tumors
 - Liposarcoma
 - Leiomyosarcoma
- Mucinous cystic neoplasm
- Retroperitoneal hematoma
- Retroperitoneal fibrosis
- Renal cell carcinoma
- Pancreatic abscess



Liposarcoma

- Tumors are classified histologically as lipogenic, myxoid or pleomorphic
- Myxoid type most common: radiodensity between water + muscle
- Age :40-60 yr , M>F
- Site: anterior to spine + psoas muscle
paraspinal +posterior pararenal space

- 
- Solid pattern: inhomogeneous poorly marginated infiltrating mass with contrast enhancement
 - Mixed pattern: focal fatty areas+areas of high density
 - Pseudocystic pattern: water-density mass (averaging of fatty +solid connective tissue elements)
 - Calcifications up to 12%



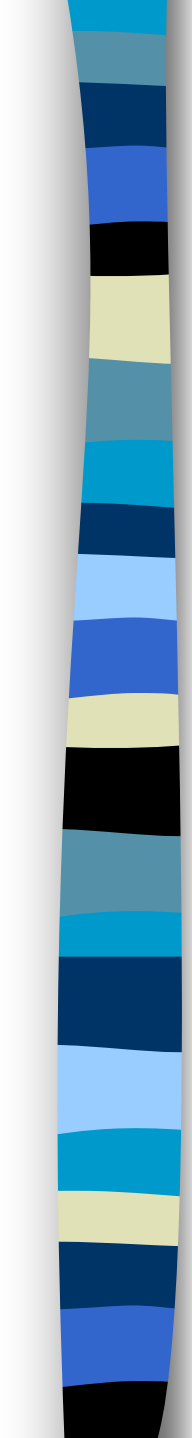
Leiomyosarcoma

- Second most common primary retroperitoneal malignancy
- Age: 50-60yr, M:F=1:6
- Metastases: liver, lung, brain
- Lobulated mass often >10cm
- Large cystic areas of tumor necrosis in center of mass
- Areas of high attenuation with recent hemorrhage



Mucinous cystic neoplasm

- Age: 40-60 yr, M:F=1:19
- Location: pancreatic tail (90%) ,body
- Well demarcated thick wall mass of 2-36cm in diameter
- Multi or unilocular large cysts >2cm with thin septa
- papillary protrude into the interior of tumor(sign of malignancy)
- calcifications
- hypovascular mass with sparse neovascularity

- 
- Internal septations may not be visualized without contrast enhancement
 - cysts with attenuation values of water
 - may have different levels of attenuation within different cystic cavities
 - enhancement of cyst walls



Retroperitoneal fibrosis

- Hard fibrous tissue enveloping the retroperitoneum with effects on ureter, lymphatics , great vessels
- Age:30-60yr , M:F=2:1
- Dull pain in back , abdomen
- Renal insufficiency
- Site: typically begins around aortic bifurcation to bladder and rectosigmoid
- Periaortic mass of attenuation similar to muscle
- May show contrast enhancement (active inflammation)



Retroperitoneal hematoma

- Cause: trauma, anticoagulation, ruptured abdominal aortic aneurysm, renal cell carcinoma, large angiomyolipoma
- Dissection through retroperitoneal spaces
- Acute hemorrhage :40-60HU
- Hematocrit level



Renal cell carcinoma

- Mass lesion: renal contour abnormality, calyceal displacement
- Large variability in signal characteristics on noncontrast CT and MRI scans depending on the degree of hemorrhage and necrosis
- Contrast enhancement is usually heterogeneous
- Calcification 10%
- Cystic areas (2-5% are predominantly cystic)
- Filling defects (clots, tumor thrombus) in collecting system and renal veins



Pancreatic abscess

- Hypodense: phlegmonous pancreatitis
- Hyperdense: hemorrhagic pancreatitis
- Thickening of anterior pararenal fascia
- Perirenal space: halo sign
- fluid collection



Impression

- A huge Rt retroperitoneal mass is noted. The differential diagnoses should include retroperitoneal mass (either benign or malignant entities) or intra-muscular hematoma or abscess involving the rt iliopsoas muscle. The possibility of rt renal cell carcinoma or pancreatitis can not be completely R/O.
- Bilateral pleural effusions are seen.

Retroperitoneal sarcoma

游奕麟 b8501154