KREP

2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

CASE PRESENTATION

MODERATOR: DR JEEVIKA M U

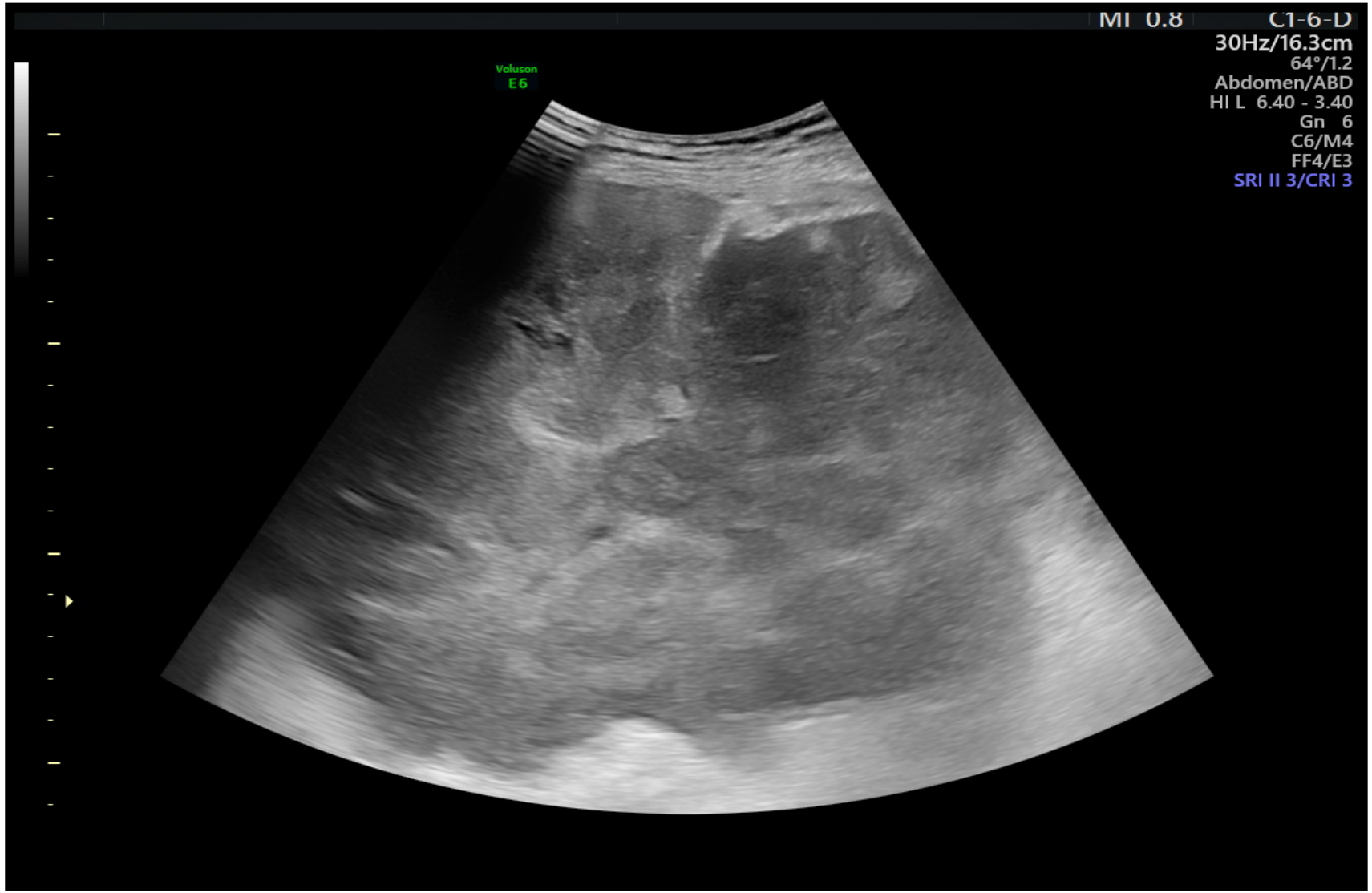
PROFESSOR & HOD,DEPT OF RADIDIAGNOSIS

JJMMC, DAVANGERE

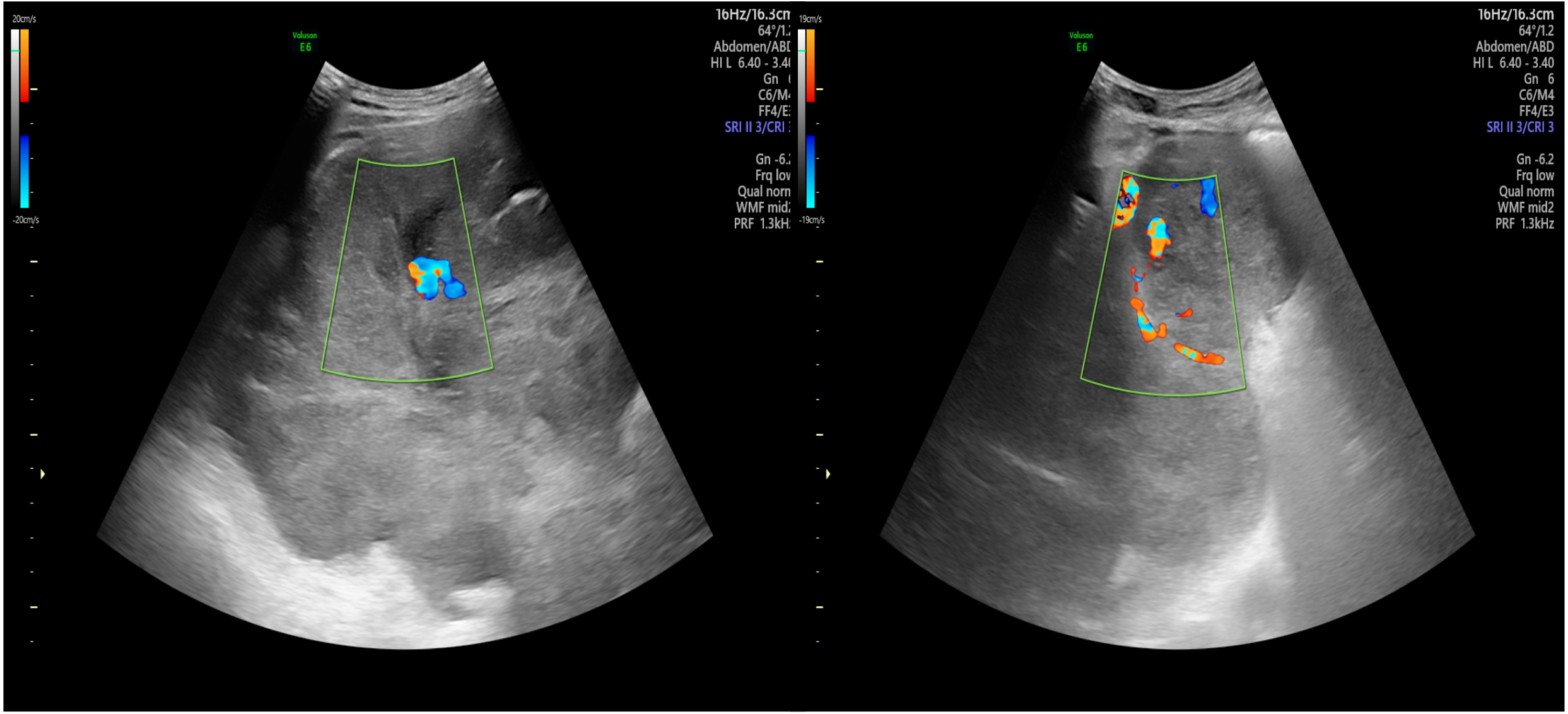
PRESENTOR: Dr Ravichandra, PG resident

HISTORY

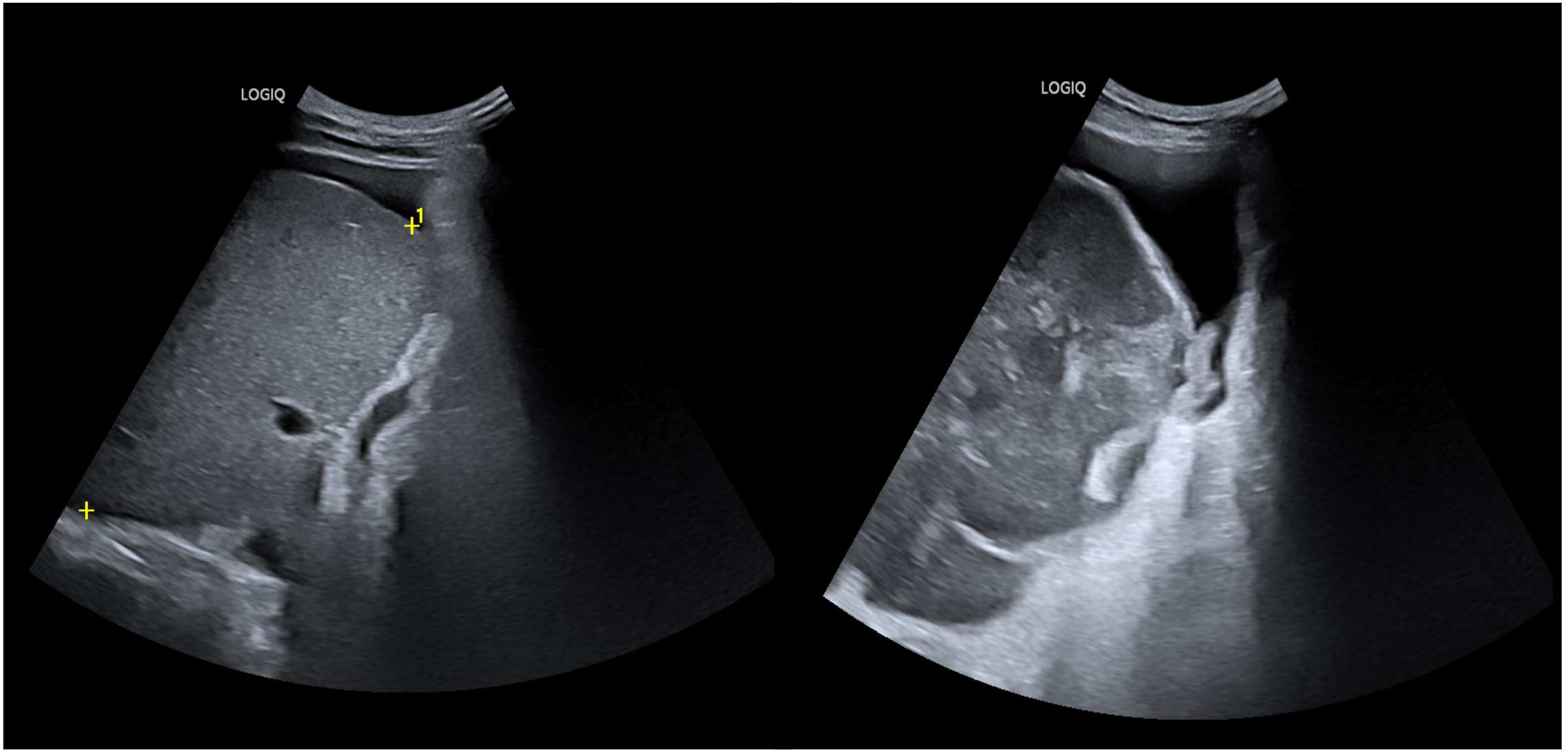
- **Patient:** 76-year-old male
  Chief Complaint:
- Abdominal distention for the past 3 months
- Gradually progressive in nature
- **Negative History:**
- No history of fever
- No history of altered bowel or bladder habits
- No history of per rectal bleeding (PR) or melena
- **Clinical Examination:**
- Abdomen: Uniformly distended
- Palpation: A 13 x 13 cm mass palpable in the **umbilical** and **right lumbar region**



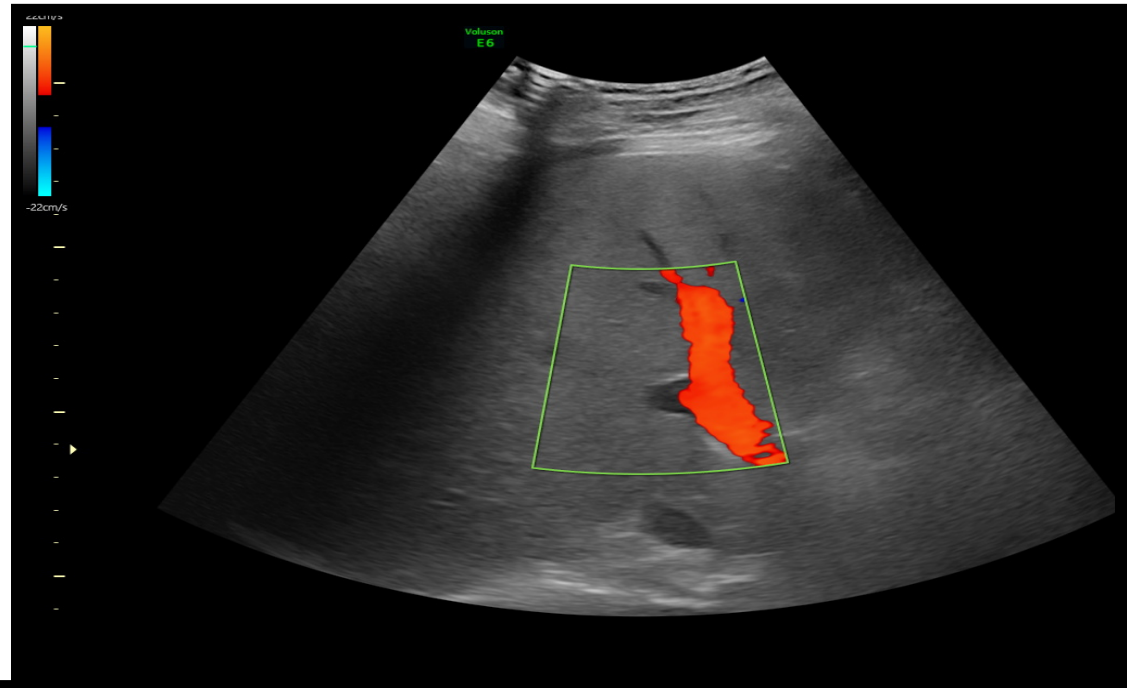
A well defined heterogenous mass lesion noted in umbilical right lumbar RIF and infra umbilical region measuring 15x14cm. Showing hyperechoic bands radiating from center to periphery of lesion.

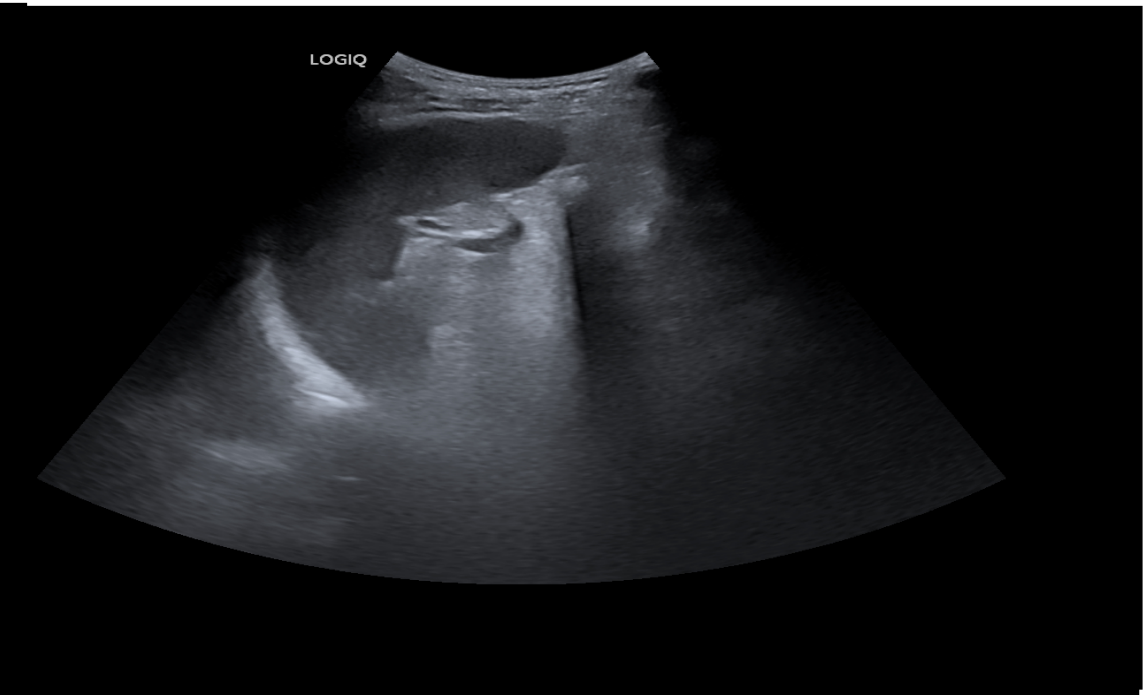


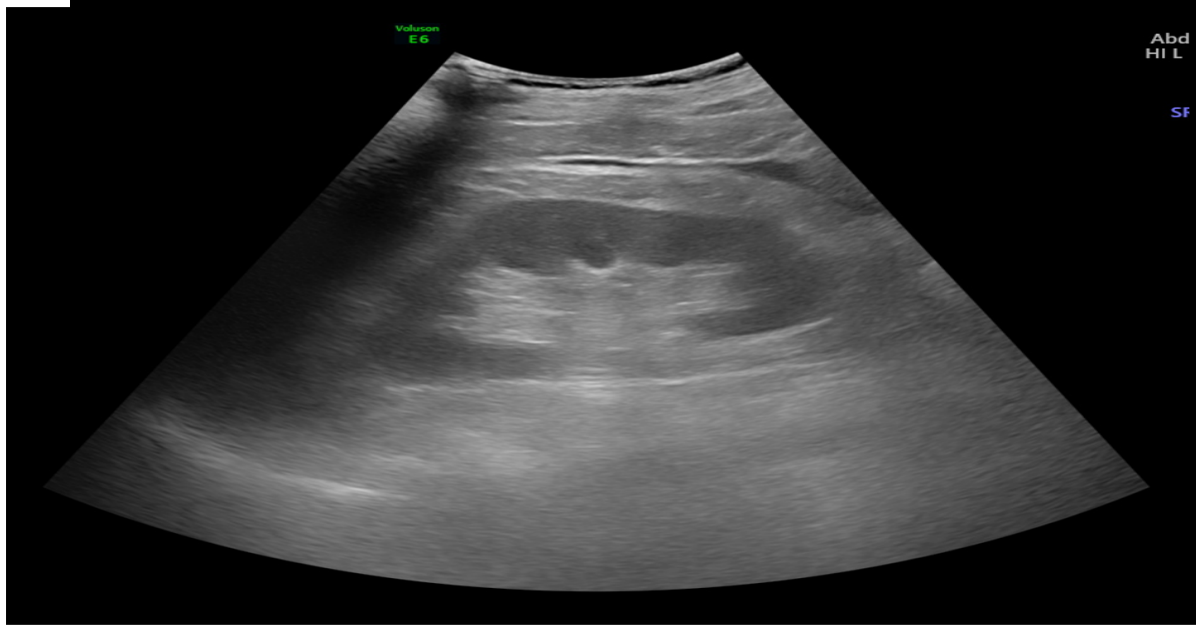
Lesion shows internal vascularity
No E/o internal cystic components or calcifications.

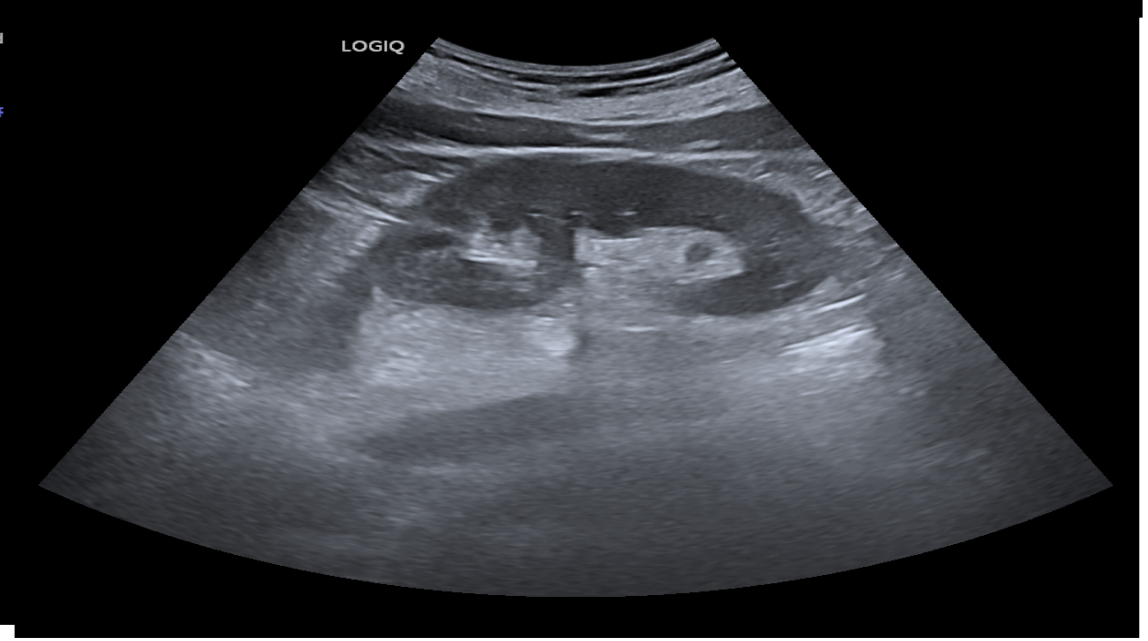


Anechoic free fluid was noted in perihepatic and interbowel region









Abd
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SF

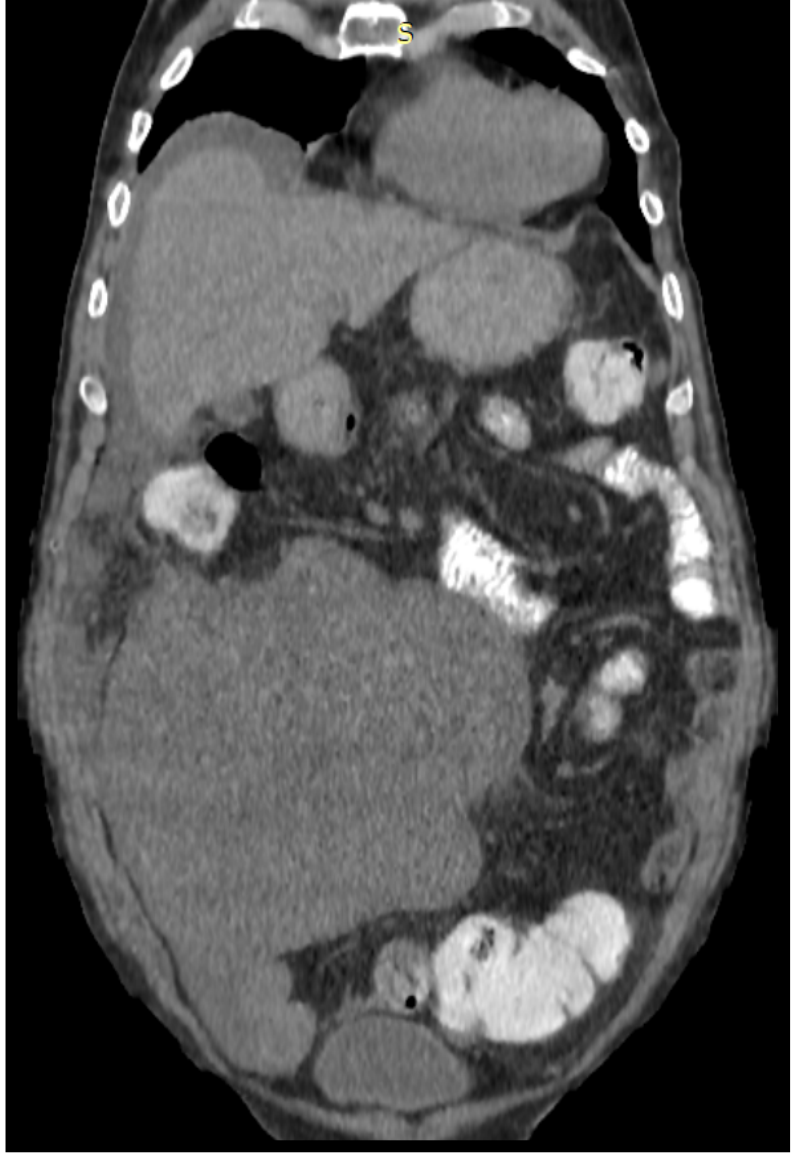
Diagnosis on Ultrasound

- **Ultrasound shows** a well-defined heterogeneous mass lesion measuring 15×14 cm in the umbilical, right lumbar, right iliac fossa, and infraumbilical regions, with central-to-peripheral hyperechoic bands, internal vascularity, and associated perihepatic and interbowel anechoic free fluid;

Differentials include:

1.Fibroblastic tumor of the mesentery(Desmoid tumor)

2.Small bowel GIST



well-defined lobulated mass lesion in umbilical, right lumbar, RIF, and infra-umbilical regions extending from the superior end plate of L1 to inferior end plate of the L5 vertebral body which is seen abutting the anterior abdominal wall and displacing the small bowel loops posteromedially. Sorrounding fat stranding was noted

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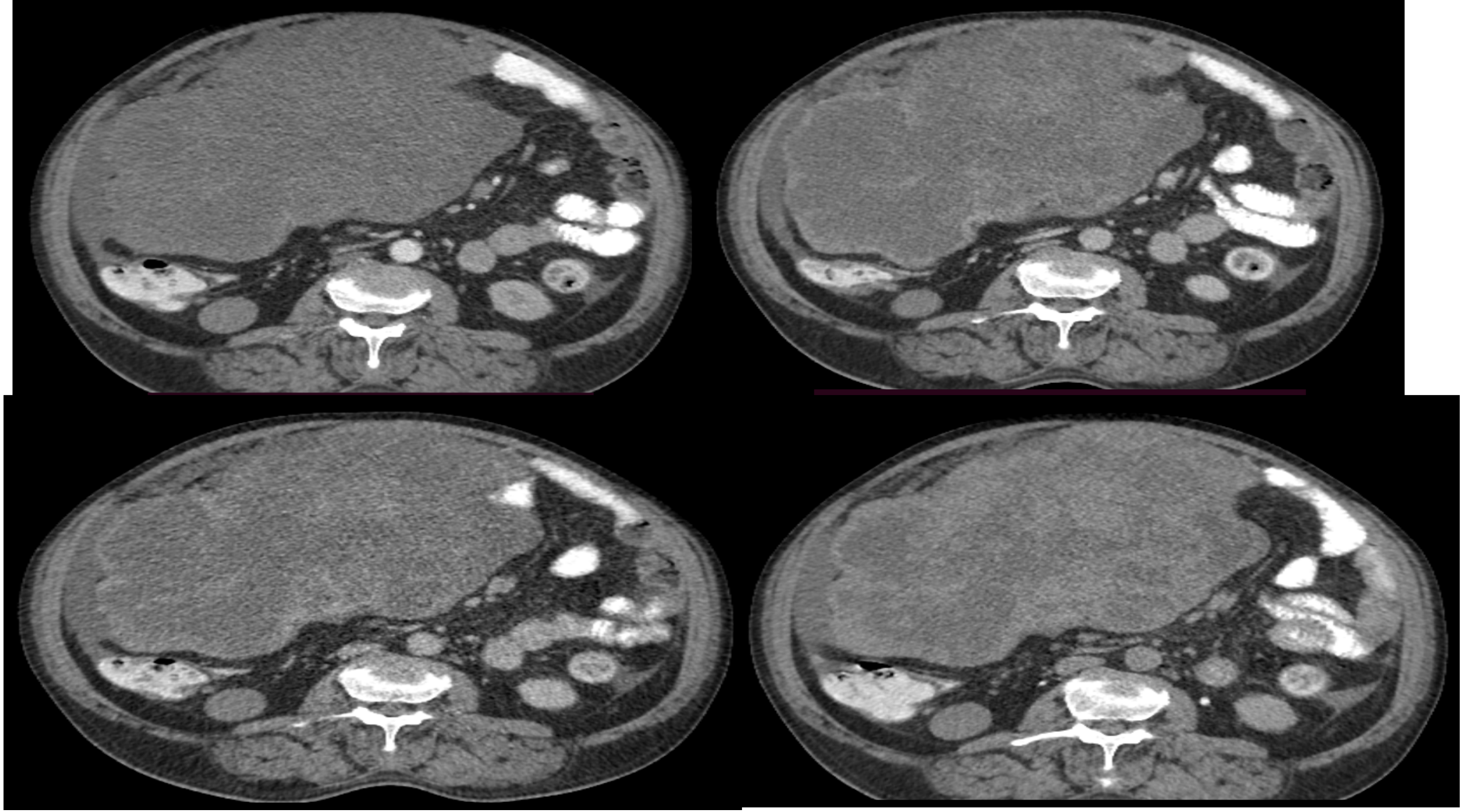
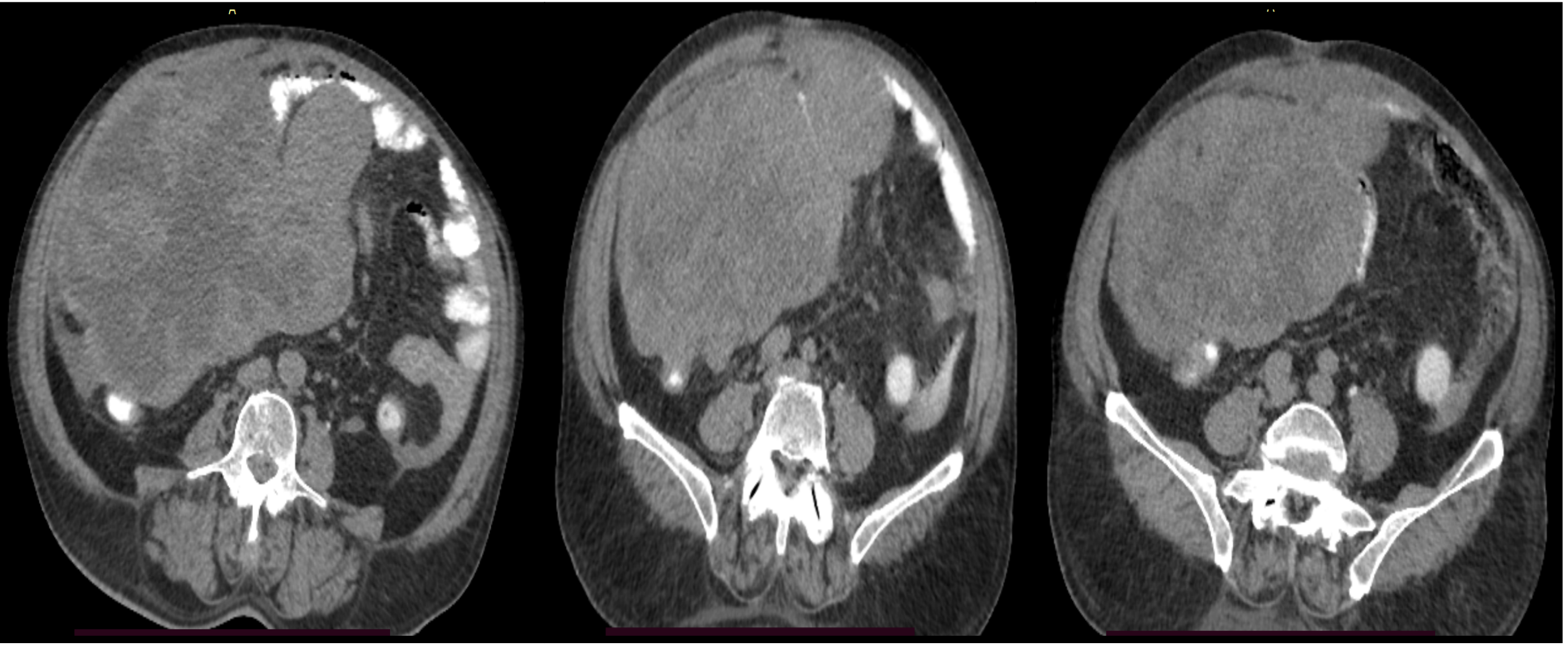
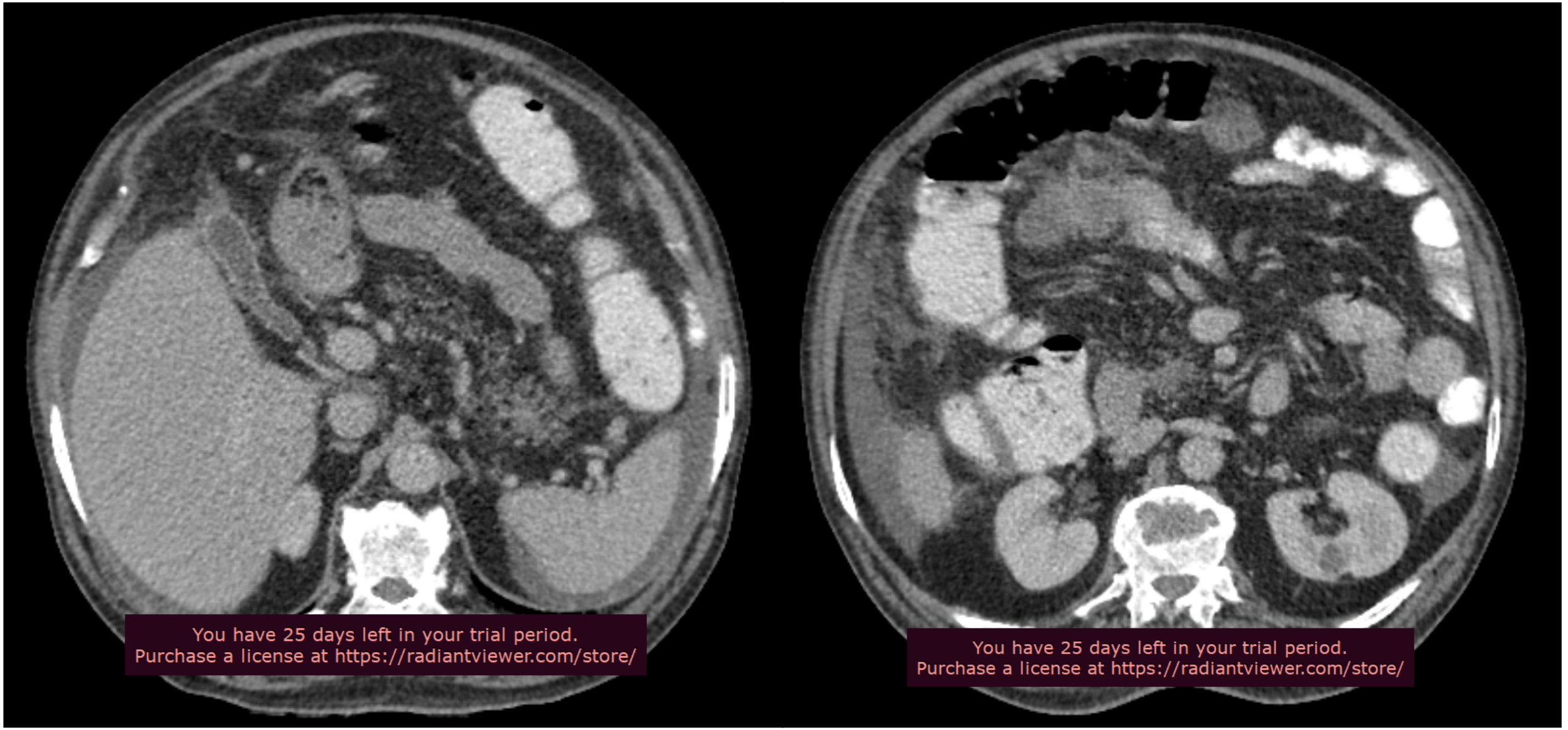


1) Plain and 2)Arterial phase show heterogenous enhancement of the lesion with gradual filling-in of contrast. Central non-enhancing areas noted in the delayed phase are suggestive of necrosis. 3)Venous and 4)delayed show heterogenous enhancement of the lesion with gradual filling-in of contrast. Central non-enhancing areas noted in the delayed phase are suggestive of necrosis.



Axial CT abdomen serial sections (A to C) showing a part of ileum (arrows) seen to be encased by one of the lobulations of the lesion. However, There was no abnormal holdup of contrast or dilated bowel loops.



Mild ascites

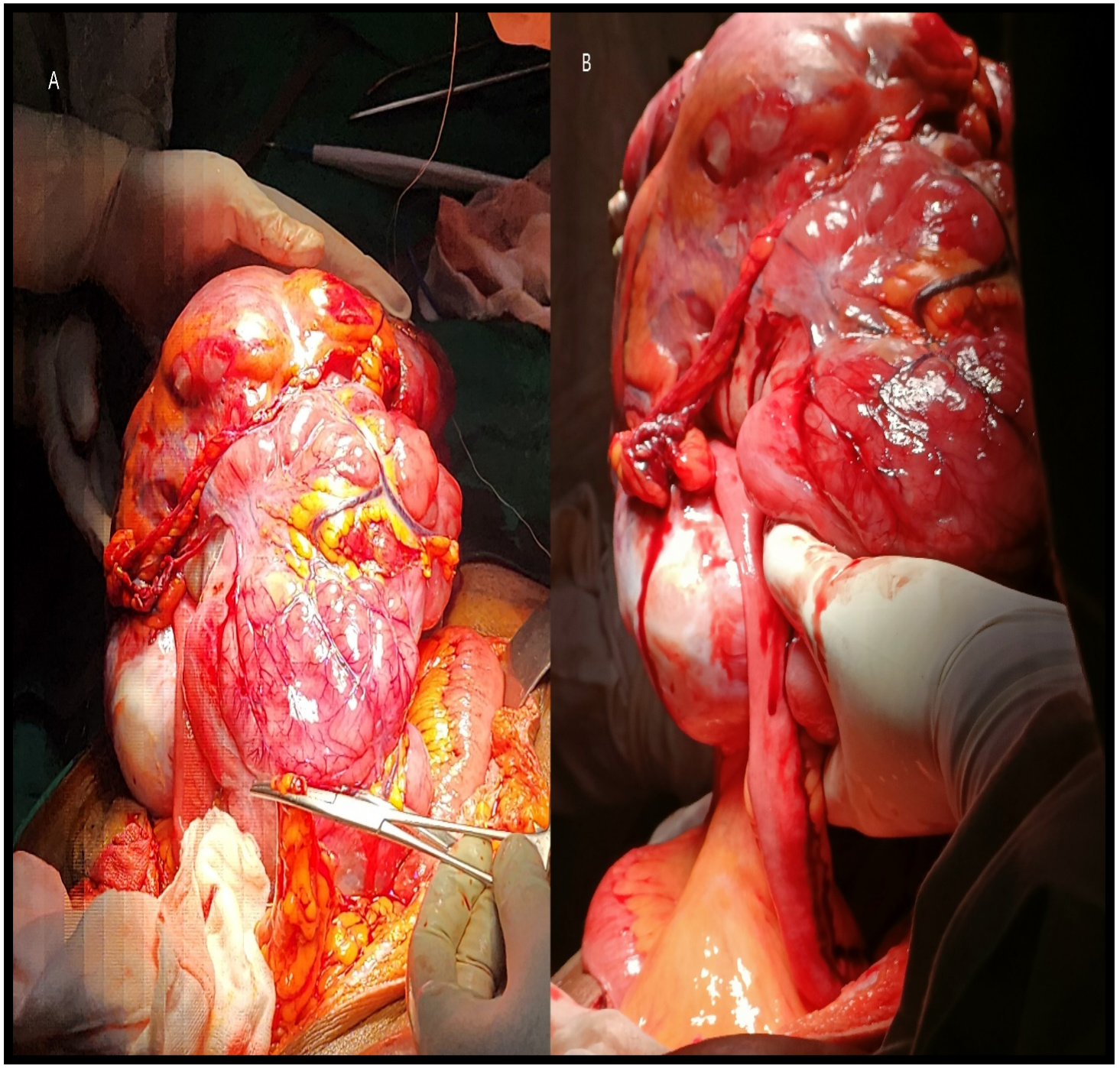
Diagnosis on CT

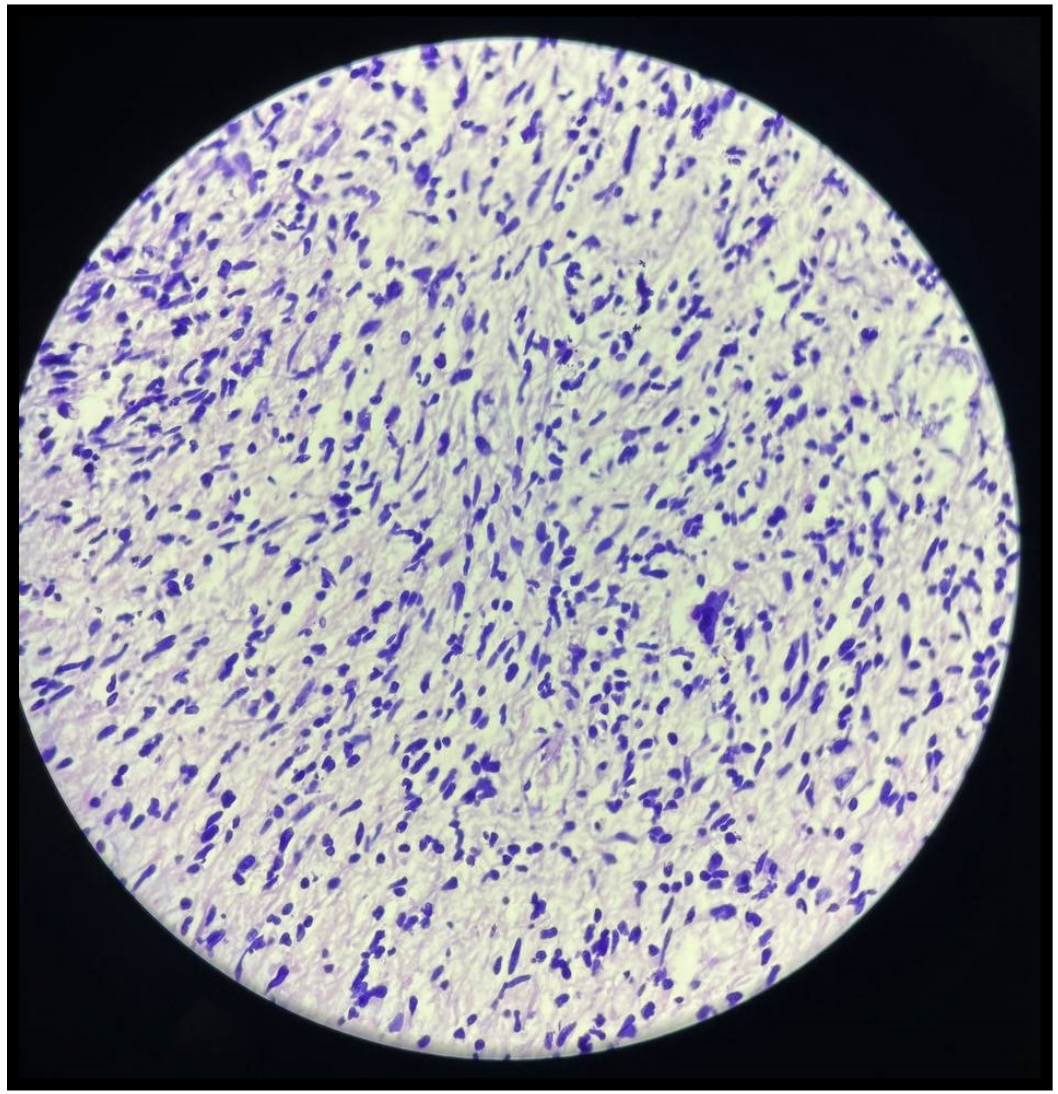
CT shows a well-defined lobulated mass lesion in the umbilical, right lumbar, right iliac fossa, and infraumbilical regions, extending from the superior end plate of L1 to the inferior end plate of L5, abutting the anterior abdominal wall and displacing small bowel loops postero-medially, with surrounding fat stranding; the lesion demonstrates heterogeneous enhancement on arterial phases, with progressive contrast filling on venous and delayed phases, and central non-enhancing areas in the delayed phase suggestive of necrosis;

Differentials include:

1.Fibroblastic tumor of the mesentery (Desmoid tumor)(more likely)

2.Small bowel GIST


A
B



JJM Medical College, Davangere

Department of Pathology

LABORATORY REPORT

Booking No: L-32674

Ref Hospital : **BAPUJI HOSPITAL**

Hospital Registration No : **2316138**

Collection Date & Time : **2023-04-27 14:16:59.48**

Specimen : **TISSUE**

GROSSING:

Recieved 2 containers.

Conatiner 1 labelled as Right paraumbilical region swelling: Recieved multiple tiny grey white soft tissue bits altogether measuring <1cm.

Conatiner 2 labelled as Left paraumbilical region swelling: Recieved multiple tiny grey white soft tissue bits altogether measuring <1cm.

MICROSCOPIC:

Conatiner 1: Sections studied from biopsy bits show round to spindle shaped cells with acidophilic cytoplasm, bland looking nuclei, enmeshed in fibromyxoid stroma showing focal collagenisation and inflammatory infiltrate composed of neutrophils, lymphocytes and occasional eosinophils. No mitotic activity noted.

Conatiner 2: Biopsy bits show only fibrosis

IMPRESSION:

Conatiner 1: Features are suggestive of Aggressive Multicentric Fibromatosis.
(Note: Because of multiplicity of the lesion and benign looking spindle cells "Aggressive multicentric fibromatosis cannot be ruled out)

Thank you