KREP

2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

CASE PRESENTATION

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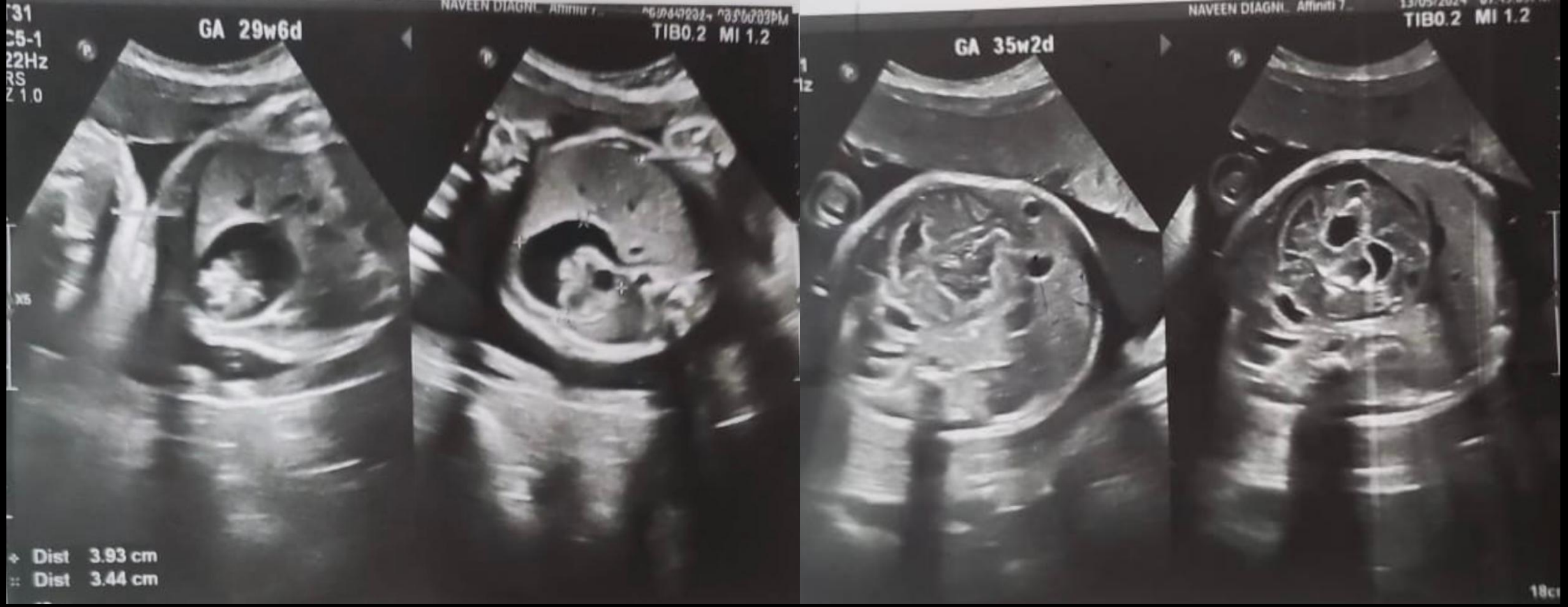
PRESENTER: DR SHIVANGOUDA PATIL, PG RESIDENT

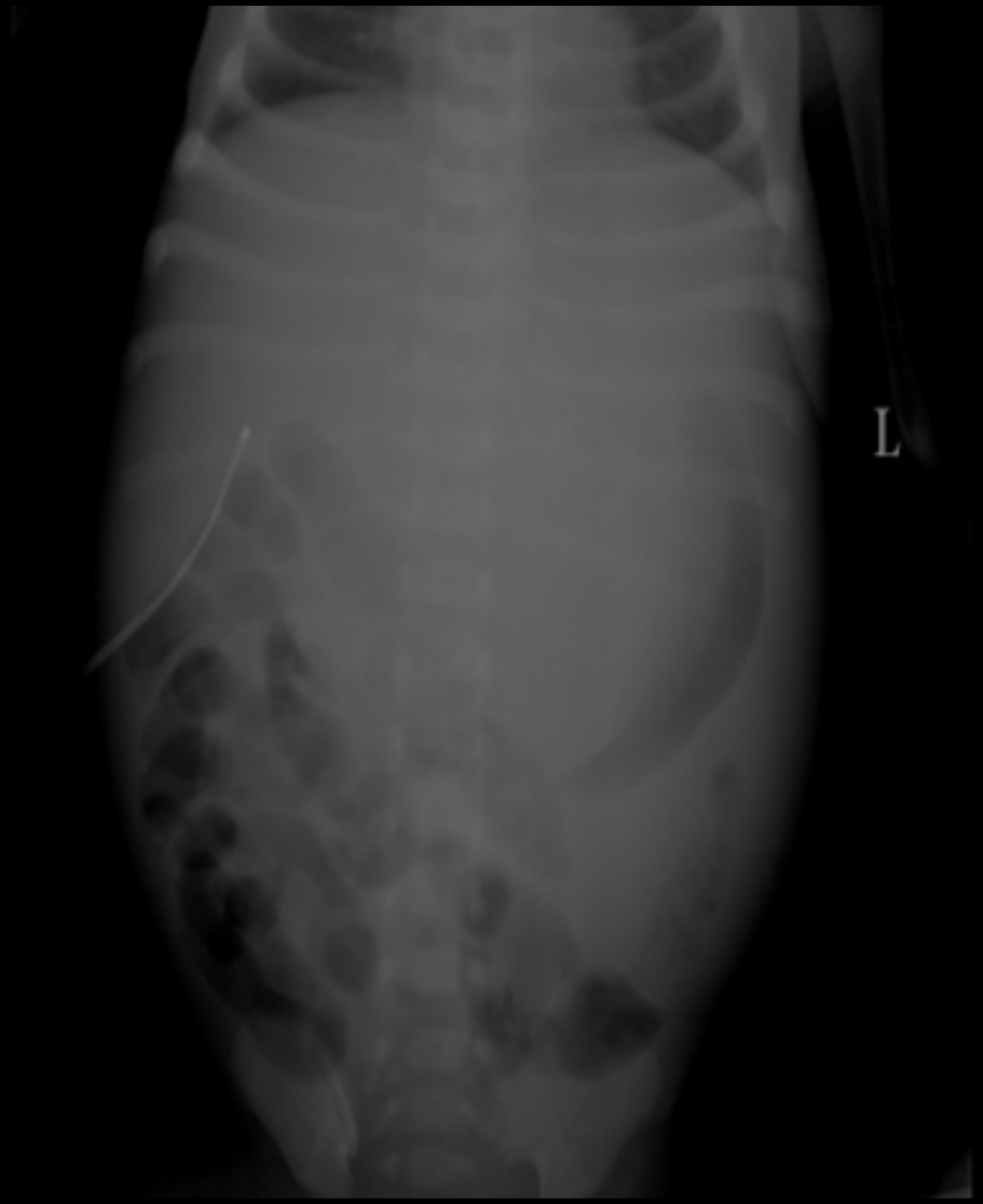
HISTORY

- A 15 day old baby came with complaints of abdominal distention since birth.
- Fever since 3days
- **Ante-natal history**: Maternal age :32years.
- **Prenatal scan done at 6 & 13 weeks- Normal**
- **At 22-23 weeks Prenatal scan shows – Single live intrauterine gestation corresponding to 22-23 weeks with intra abdominal cyst medial to stomach bubble - ? Duplication cyst/Mesenteric cyst**
- **At 29-30 weeks prenatal scan shows- Intraabdominal cyst with solid component ? Calcification – Intraabdominal teratoma**
- No history of similar complaints in the family.



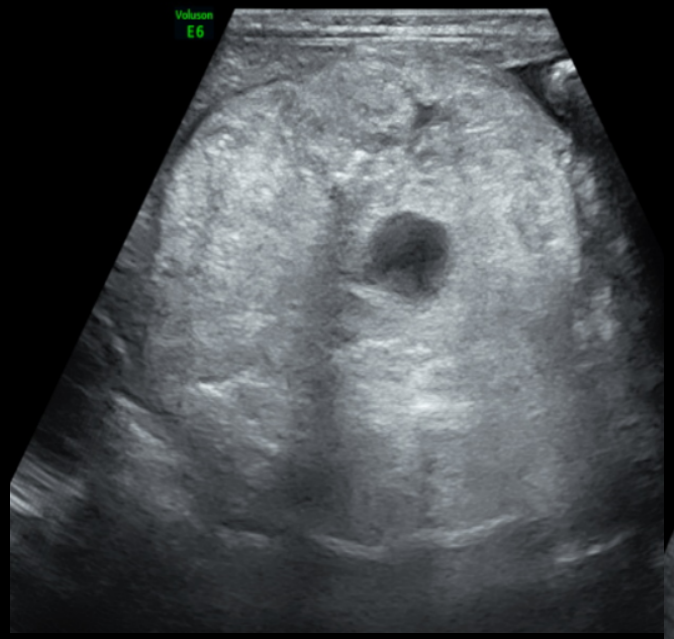
Prenatal USG images which was done outside, at 29 weeks showing large intrabdominal cystic lesion medial to the stomach in the upper abdomen with solid component, at 35 weeks -large intrabdominal solid cystic lesion with bowel/gyral pattern within the lesion

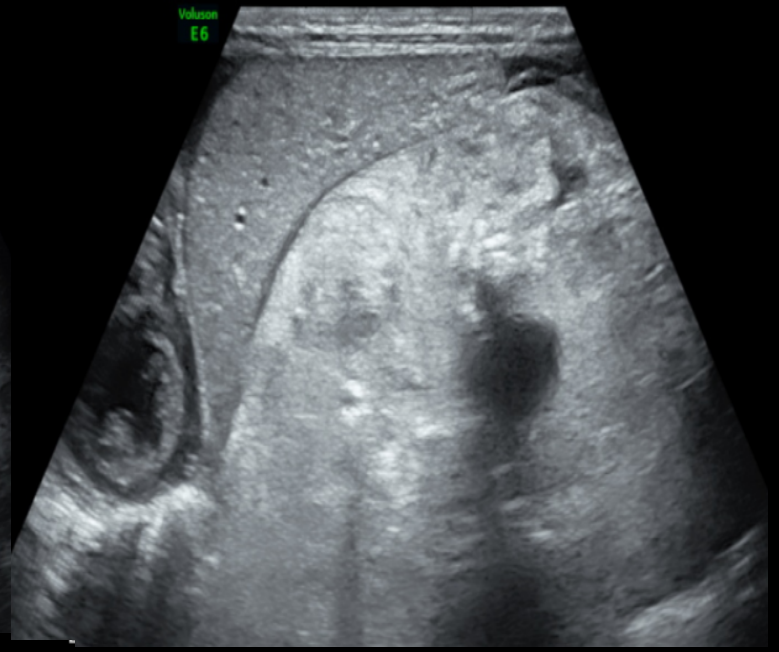
POSTNATAL: Abdominal radiograph :

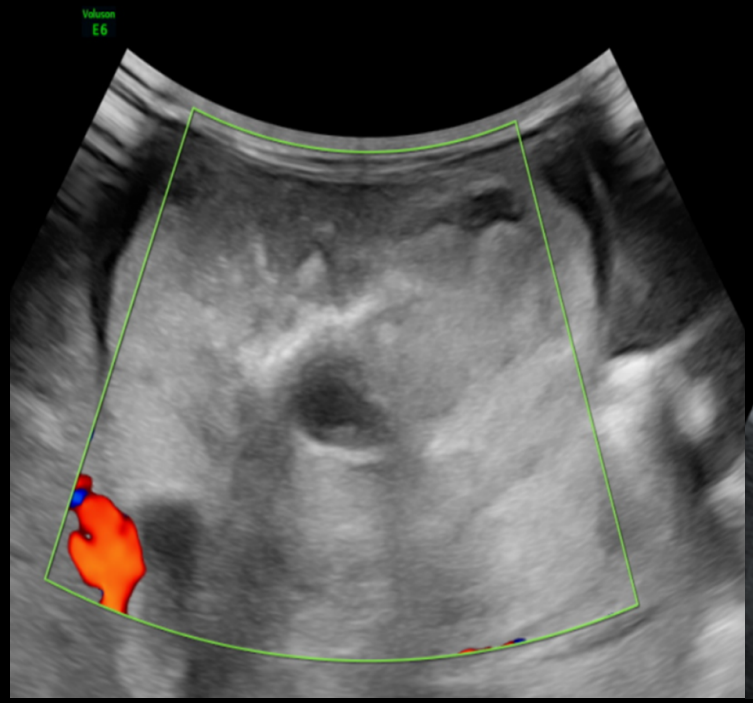


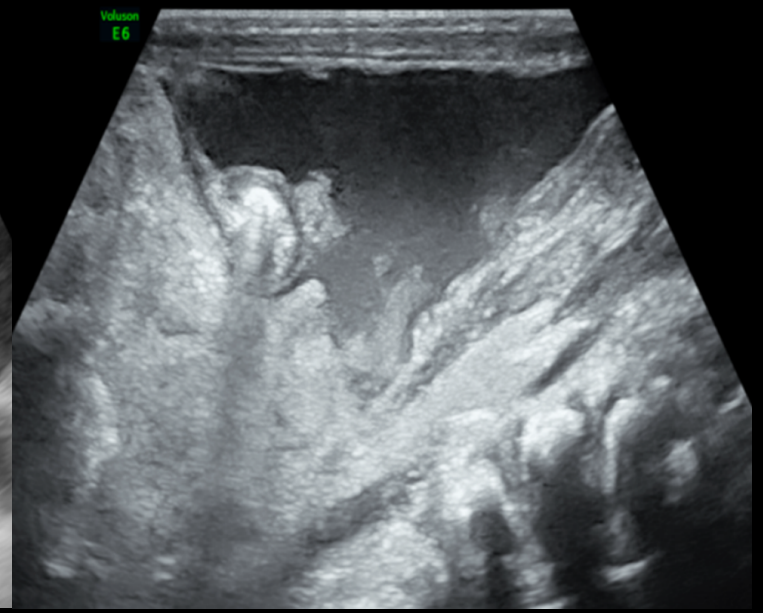
There is diffuse haziness of the upper abdomen with non-visualization of the stomach bubble below the left hemidiaphragm, A cresenteric shaped air lucency is noted in the left lumbar region with its compressed medial border &there’re is mild superior displacement of the left hemidiaphragm & there is compression & displacement of the small and large bowel loops inferio laterally in the RIF and hypogastric region–likely due to mass effects caused by the lesion in the upper abdomen. Loss of properitonel fat stripe noted- likely ascites

USG:



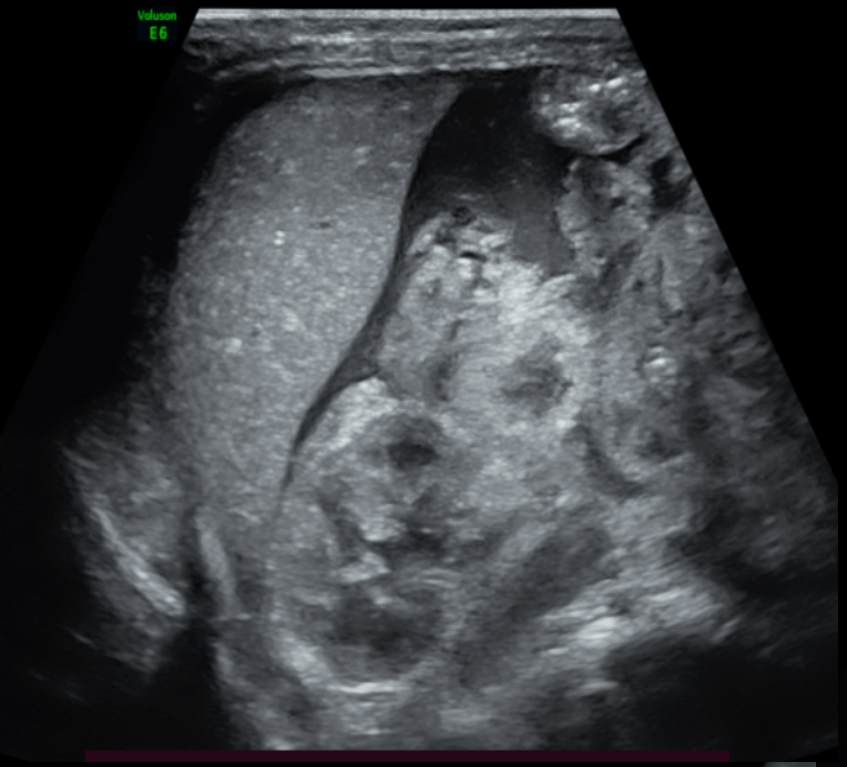


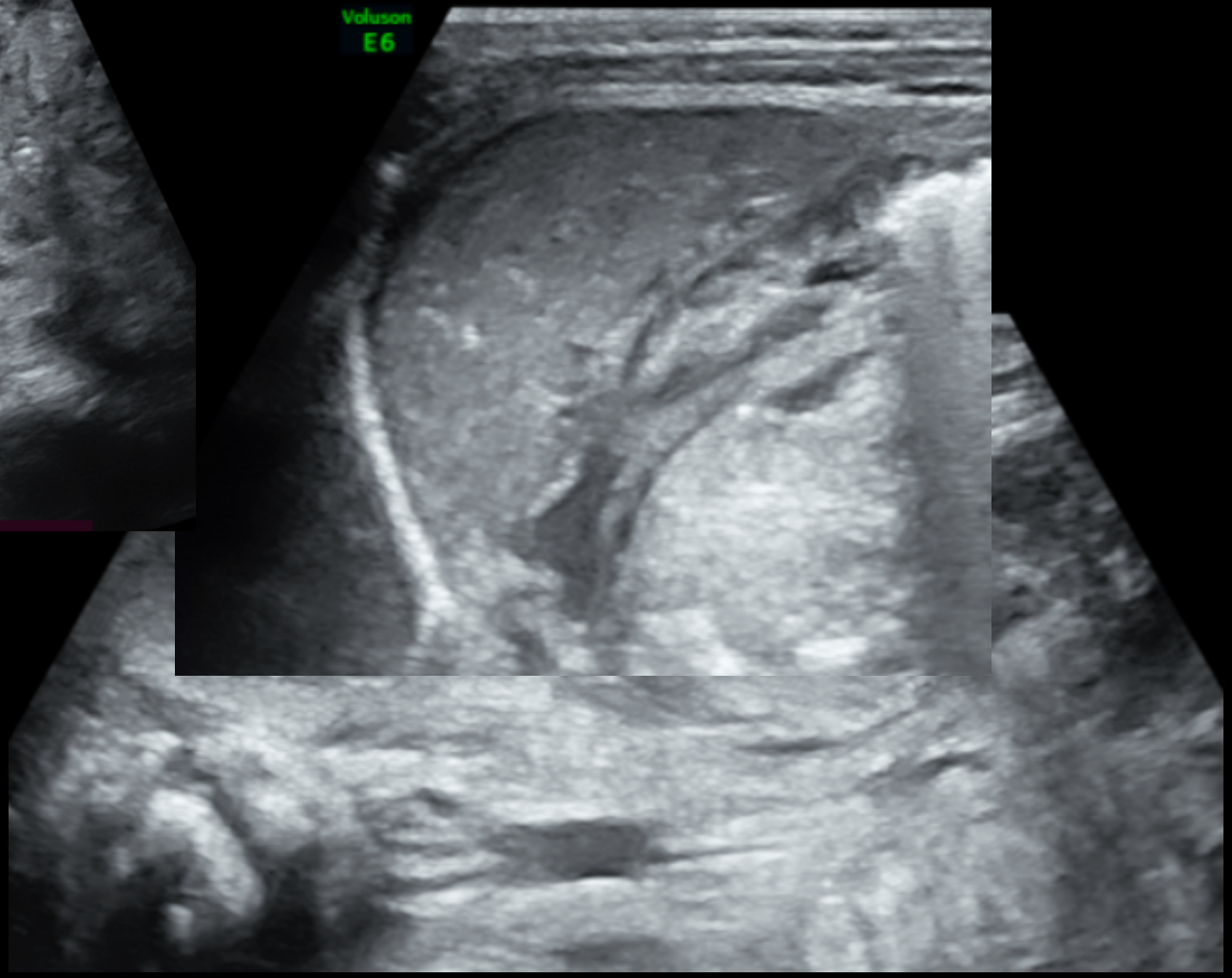




relatively well defined heterogeneous predominantly hyperechoic round solid cystic midline mass lesion measuring 5x6x5.5cm noted in the epigastric region adjacent to the liver and extending up to the umbilicus . The lesion has multiple areas of hypoechogencity -cystic &with calcific areas with posterior acoustic shadowing.The lesion is causing compression and displacement of both lobe of liver superiorly . HOEEVRER fat planes with liver is maintained , Free fluid noted in subhepatic ,perihepatic, pelvic , peri splenic , peritoneal cavity with echogenic contents and multiple thin internal septations.

Pancreas not visaulised separetaly The lesion was seen separate from the bowel loops

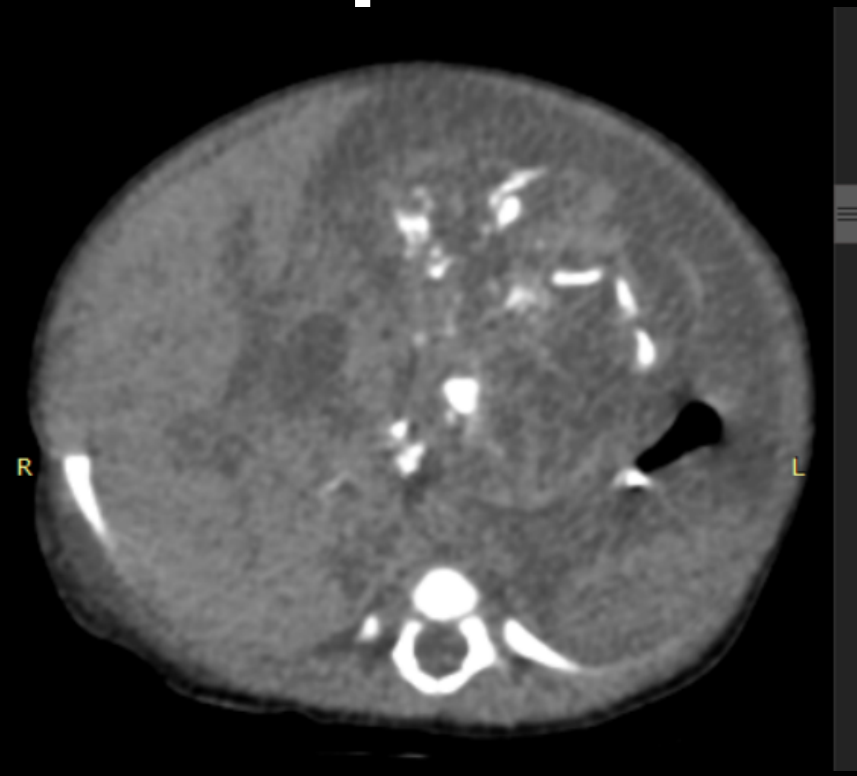

Voluson
E6


Voluson
E6

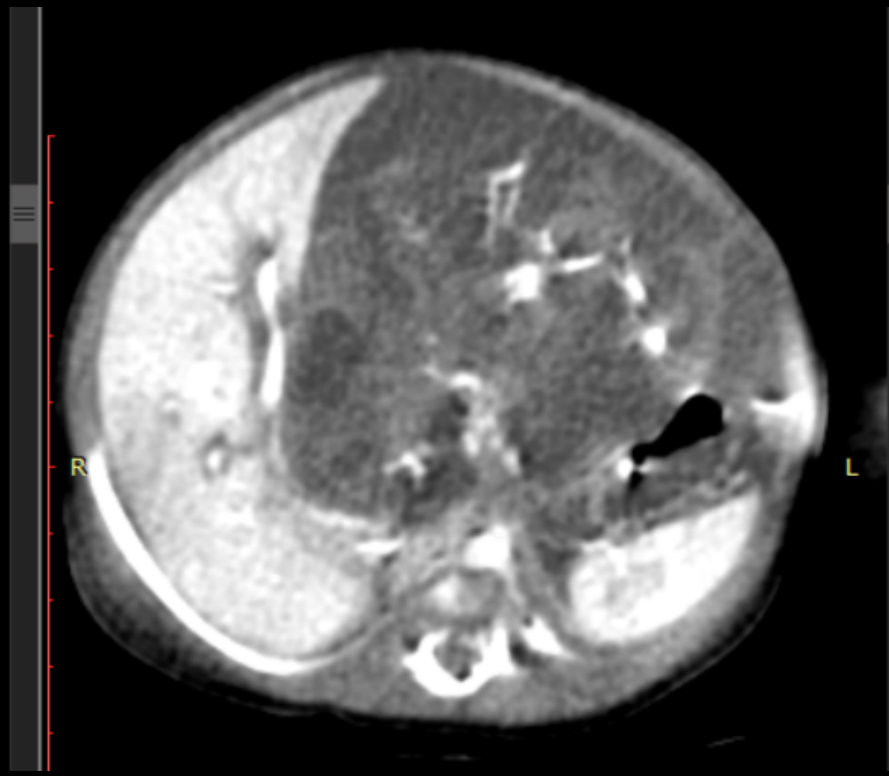
USG :

- Relatively well defined heterogeneous predominantly hyperechoic round solid cystic midline mass lesion in the epigastric region with multiple cystic, calcific areas and mass effects as described
- Moderate ascites – Likely infective.
- Diagnsosis: 1.Pancreatoblastoma
  2.Mesenteric teratoma

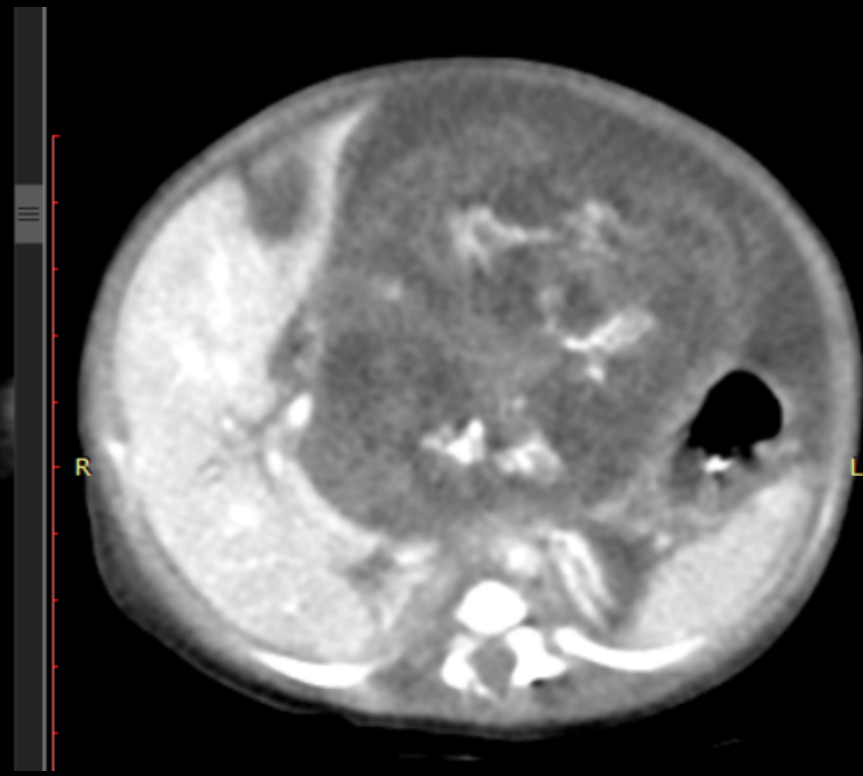
Axial plain



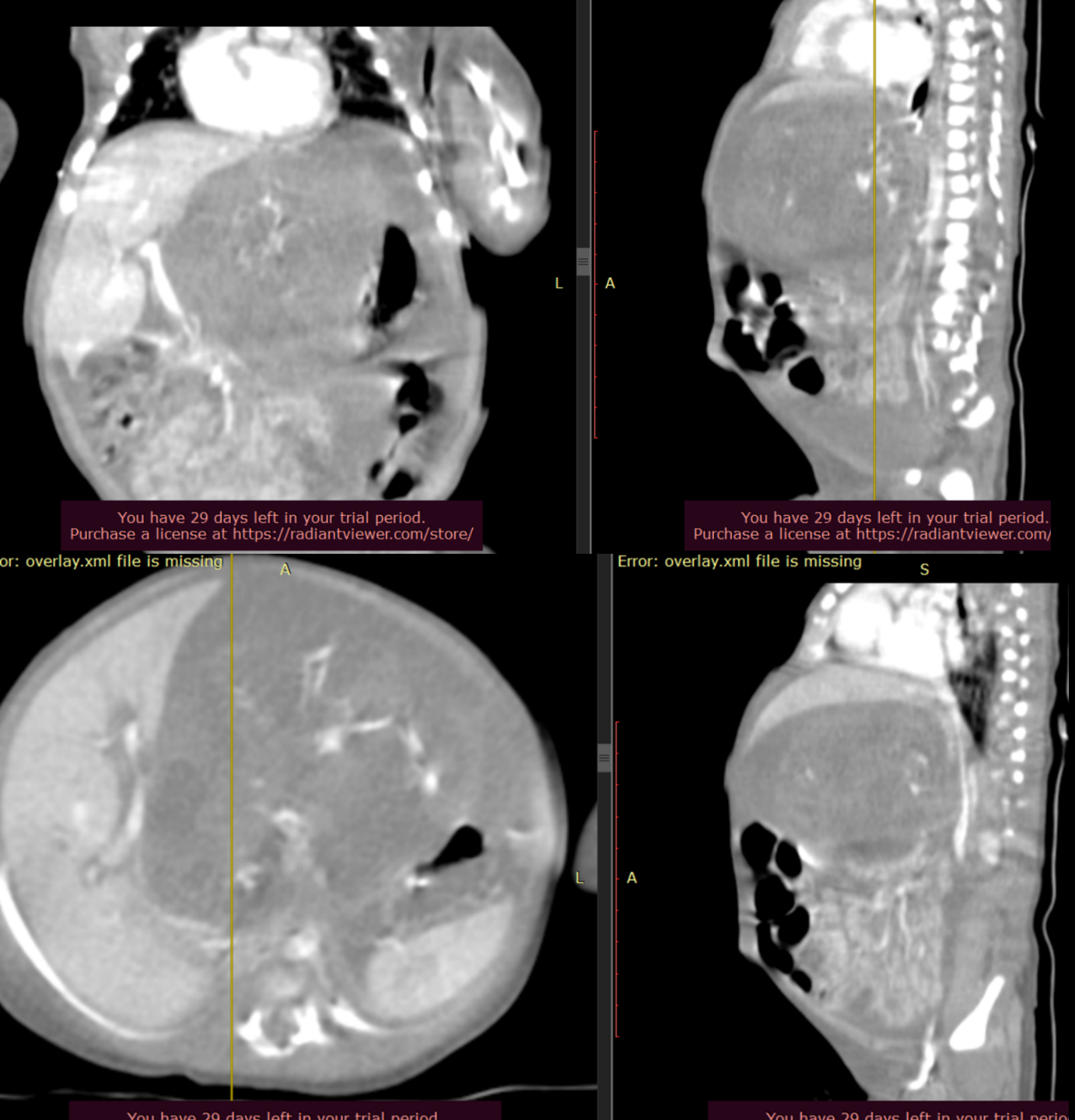
Arterial



Venous



There is a large solitary well defined heterogeneously iso-hypodense solid-cystic mass lesion (HU: 38) noted in midline occupying the epigastric,left hypochondriac and umbilical quadrants measuring approximately 7.2 x 6.8 x 6.3 (CcxAPxTR). Multiple foci of linear, curvilinear califications noted within centre of the lesion (HU: 280). No significant enhancement noted on post contrast study pre contrast HU: 50, Post contrast HU: 52. No solid organ communication noted. No obvious communication with the adjacent bowel loops noted No evidence of fatty tissue noted.

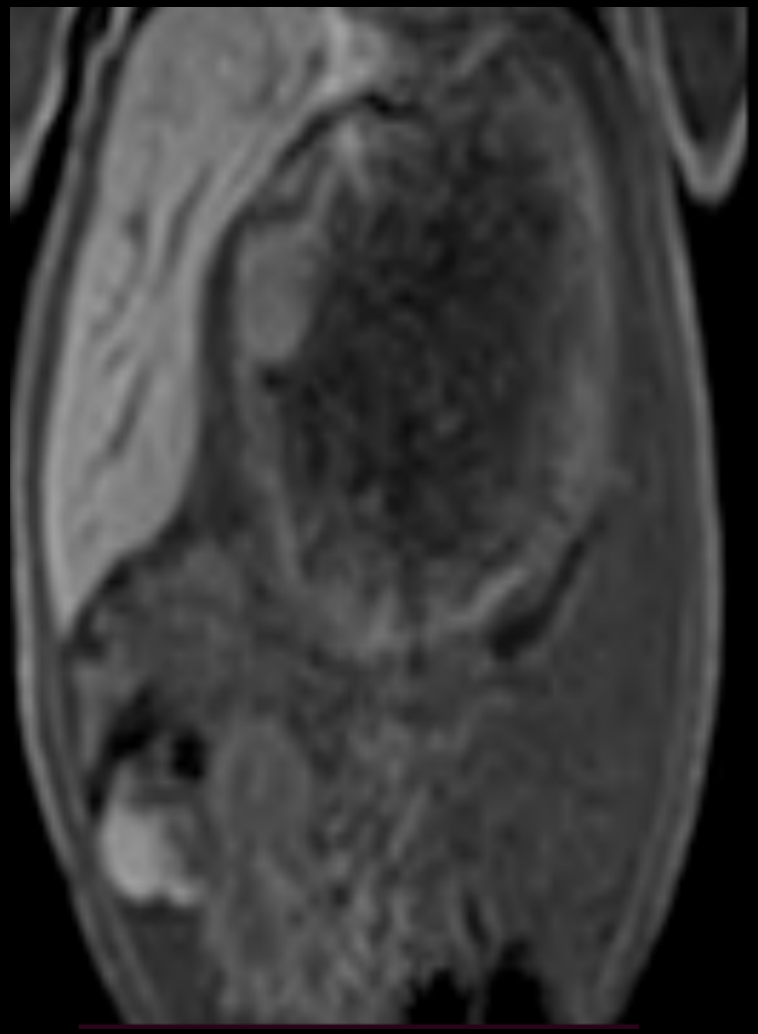


Anteriorly: Compressing on anterior abdominal wall and left lobe of liver.

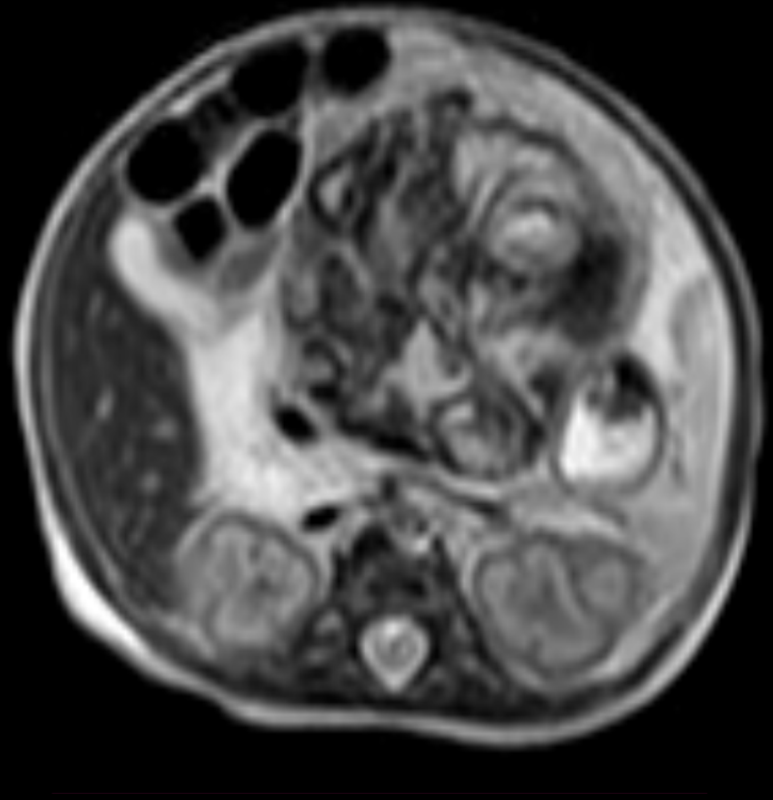
Superiorly- Reaching upto the superior endplate of D7 vertebrae, compressing the left lobe of liver & displacing the right laterally and abutting the left hemidiaphragm. However, fat planes with the liver is preserved.

Postero-inferiorly- Extending till Inferior end plate of L2 vertebrae with displacement of bowel loops inferiorly.
Posteriorly the mass is seen causing extrinsic compressing portosplenic confluence, IVC, abdominal aorta, celiac trunk, SMA and its branches. No evidence of filling defect noted in vessels.

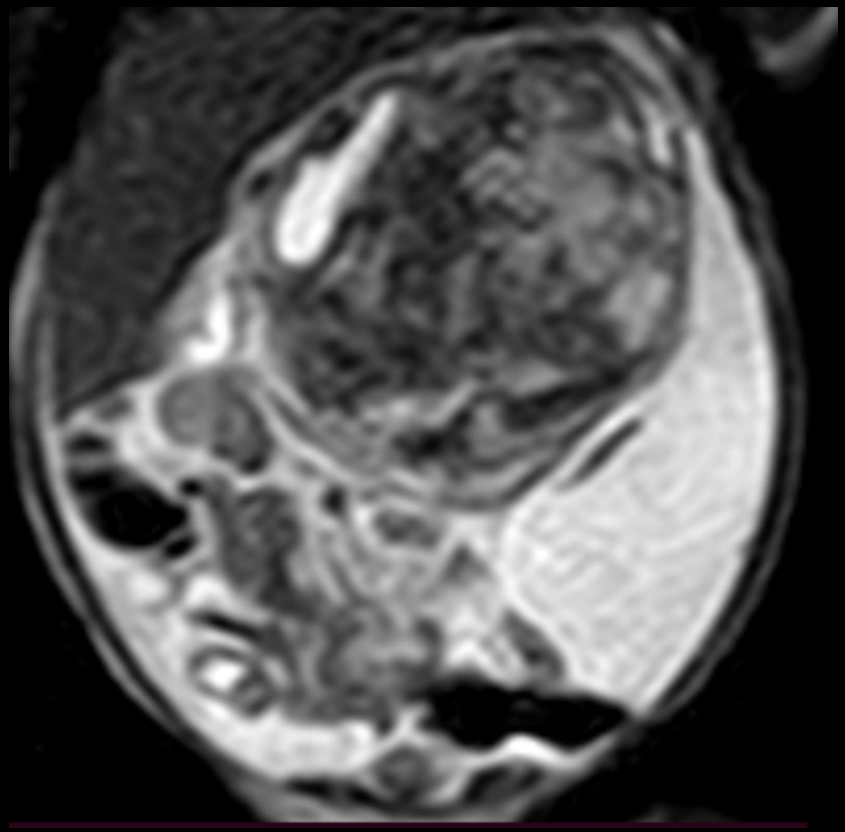
T1 COR



T2 AXIAL

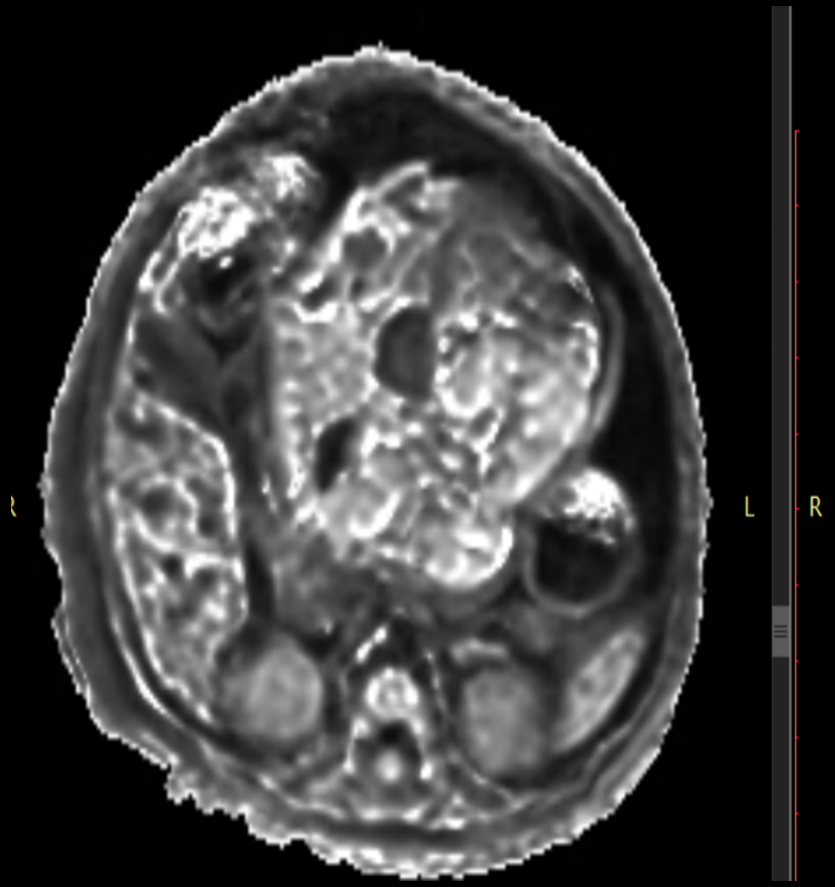


T2SPAIR COR

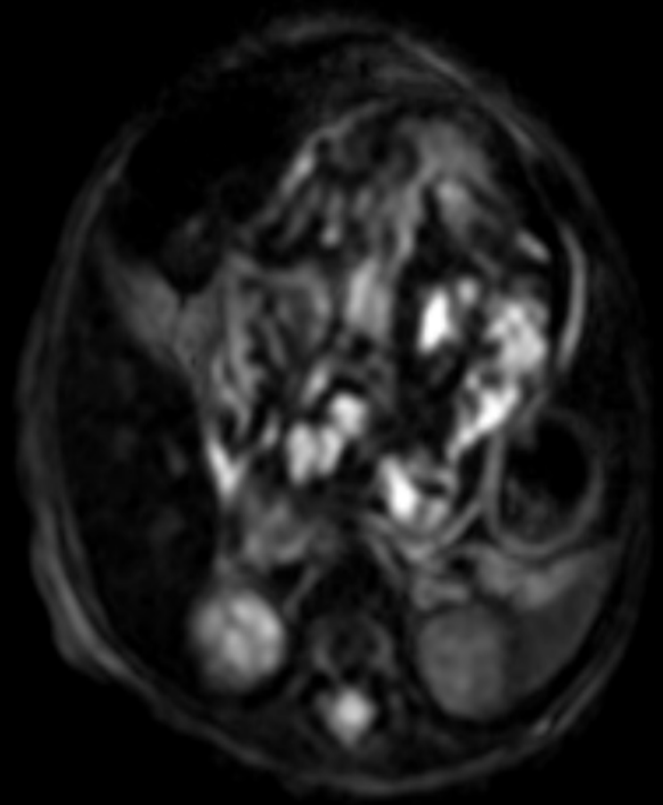


<u>MRI WAS done to look for fat component , On complimentary MRI (Limited Study)</u>: well defined T1 hypointense, T2 heterogeneously hyperintense mass lesion lesion midline occupying the epigastric,left hypochondriac and umbilical quadrants midline occupying the epigastric,left hypochondriac and umbilical quadrants

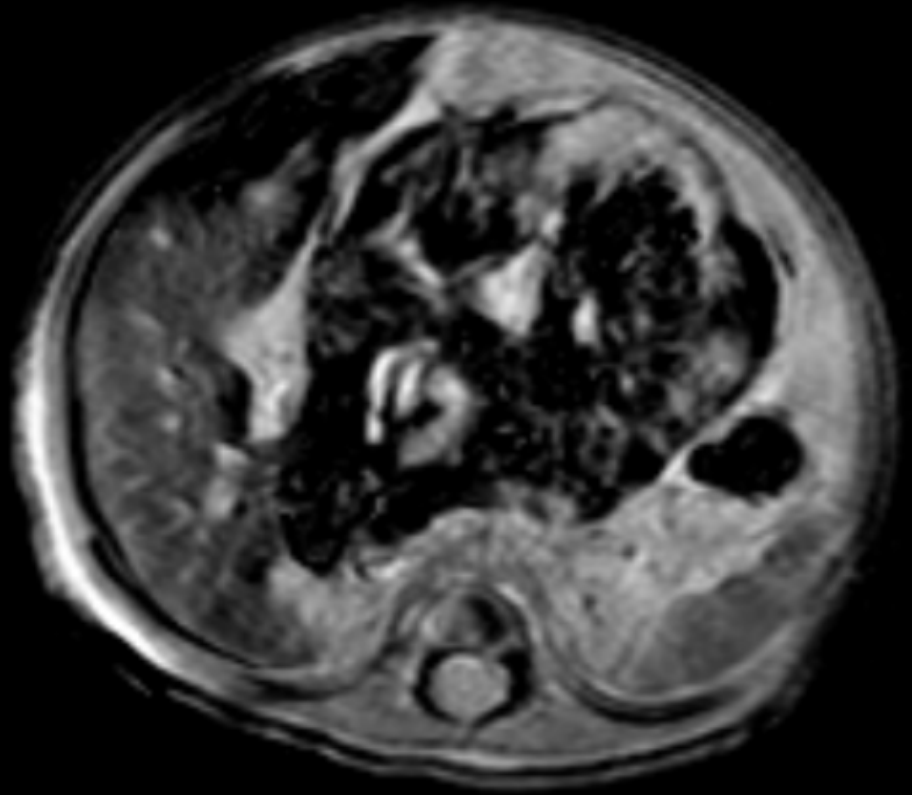
DWI



ADC



FFE



Few areas of blooming noted on GRE sequence with no diffusion restriction on DWI sequence.

DIAGNOSIS:

- **Solitary well defined heterogeneously solid cystic mass lesion in the midline occupying the epigastric, left hypochondriac and umbilical quadrants with multiple foci of calcification & no significant post contrast enhancement noted with extensions and mass effects as described:**
- **Differentials to be considered*: 1. Pancreatoblastoma***

  2. Necrotic mesenteric teratoma

Amrutha Life Line

SURGERY REPORT

Dept: Neuro Surgery

Date: 11/6/24

Name: Bby Anusha | Age/Sex: 18 Days/M | IP No: 01180 | Ward: NICU

Surgery Performed: Laparatomy, Mass Excision & Drain placement

Anasthesia - GA | LA | GA | SA | EA | SED | BLOCK

Pre- operative Diagnosis: ? Mass under Evaluation ? Teratoma ? Duplication Cyst with Rec ?

Post-operative Diagnosis: —

Surgeon: Dr. Darshan | 1st Assistant: | 2nd Assistant:

Anesthetist: Dr. Manjunath | Circ. Nurse: | Scrub Nurse:

Blood Loss: ~ 30 cc | Blood Replacement: done.

Findings:

1) Large mass noted in the Retrogastric Region (Retroperitoneal mass) pushing stomach, liver, Colon and spleen

Procedure:

- laparatomy done
- Transverse incision.
- Mass identified and removed from the Retroperitoneal plane using Bipolar Cautery
- Bowel Wall Intact, Perfect Hemostasis achieved
- Drain placed for Abd. Cavity

Sp/Instument count	Checked	
		Doctor's Name & Signature: Darshan

Malnad Hi-Tech Diagnostic Centre

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e: B/o Anusha	Age/Sex: 18 days/male	Pt Id: Rt624465391	Dt of receipt: 12/06/2024
by: Dr. Darshan	Biopsy No: H-2199/2024		Date of report: 14/06/2024
ical Diagnosis: ?Teratoma, ?duplication cyst, ?pancreatic mass			
ure of Specimen: Excision Biopsy			

HISTOPATHOLOGY REPORT

ss: Received hemorrhagic tissue mass with membranous structures. Specimen altogether 8.0x7.0x5.0 cms – A,B,C &D

roscopy: Multiple sections studied shows tissue mass composed of islands of cartilage, with skin adnexal structures and plenty of necrotic and hemorrhagic areas. No malignancy in the sections studied.

ression: **Features are suggestive of Hemorrhagic Infarction of Teratoma.**

*** End of report ***

pathology report needs to be correlated wit h the clinical findings and other relevant parameters. Remaining surgical specimen (if any) will be preserved maximum for of one month and slides (if any) for a period of three months from the date of reporting.

Dr. MANJULA ES M.D
Consultant Pathologist

and test results are pertained to the sample received.
he reports are to the doctors referred and are not for medico-legal proceedings.

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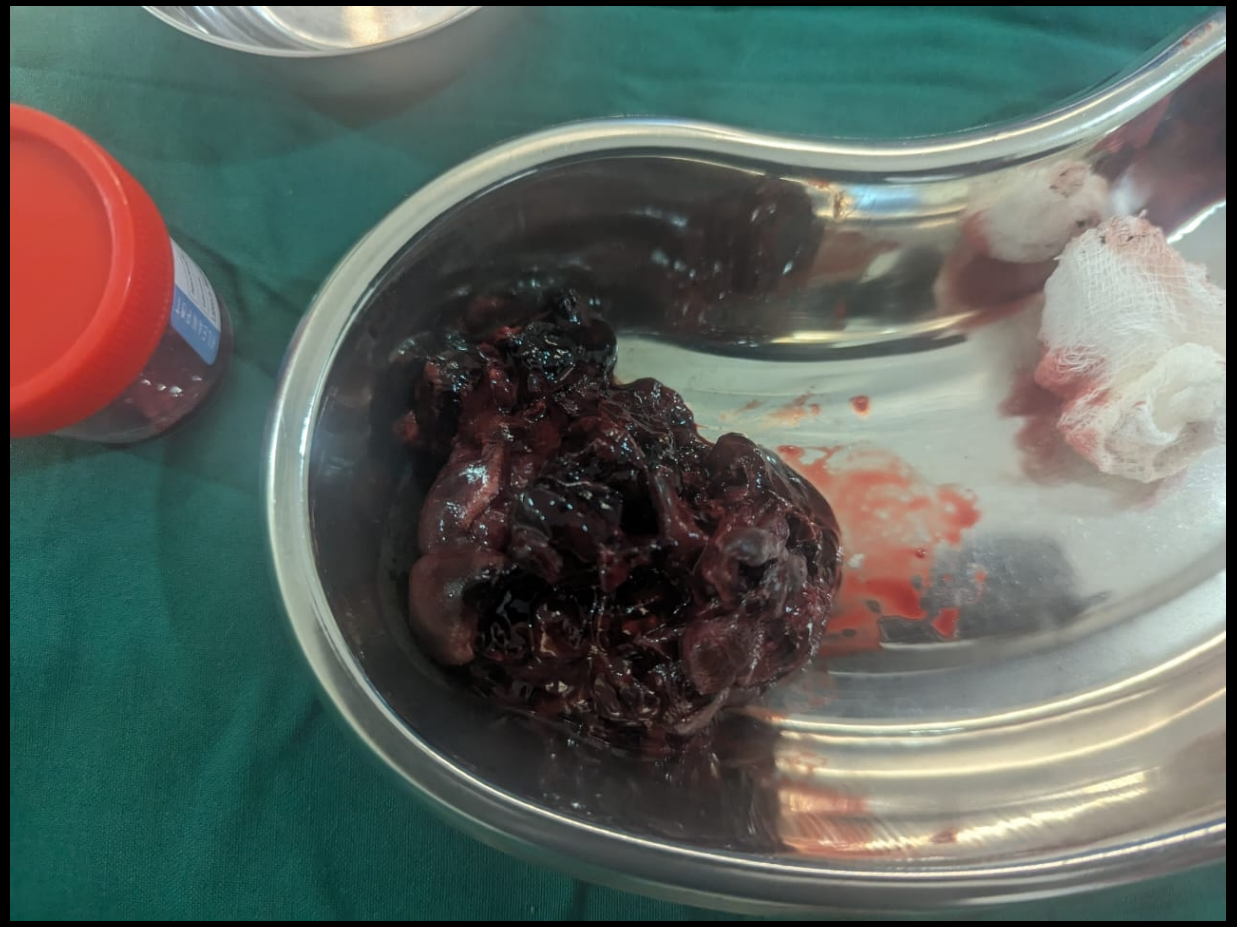

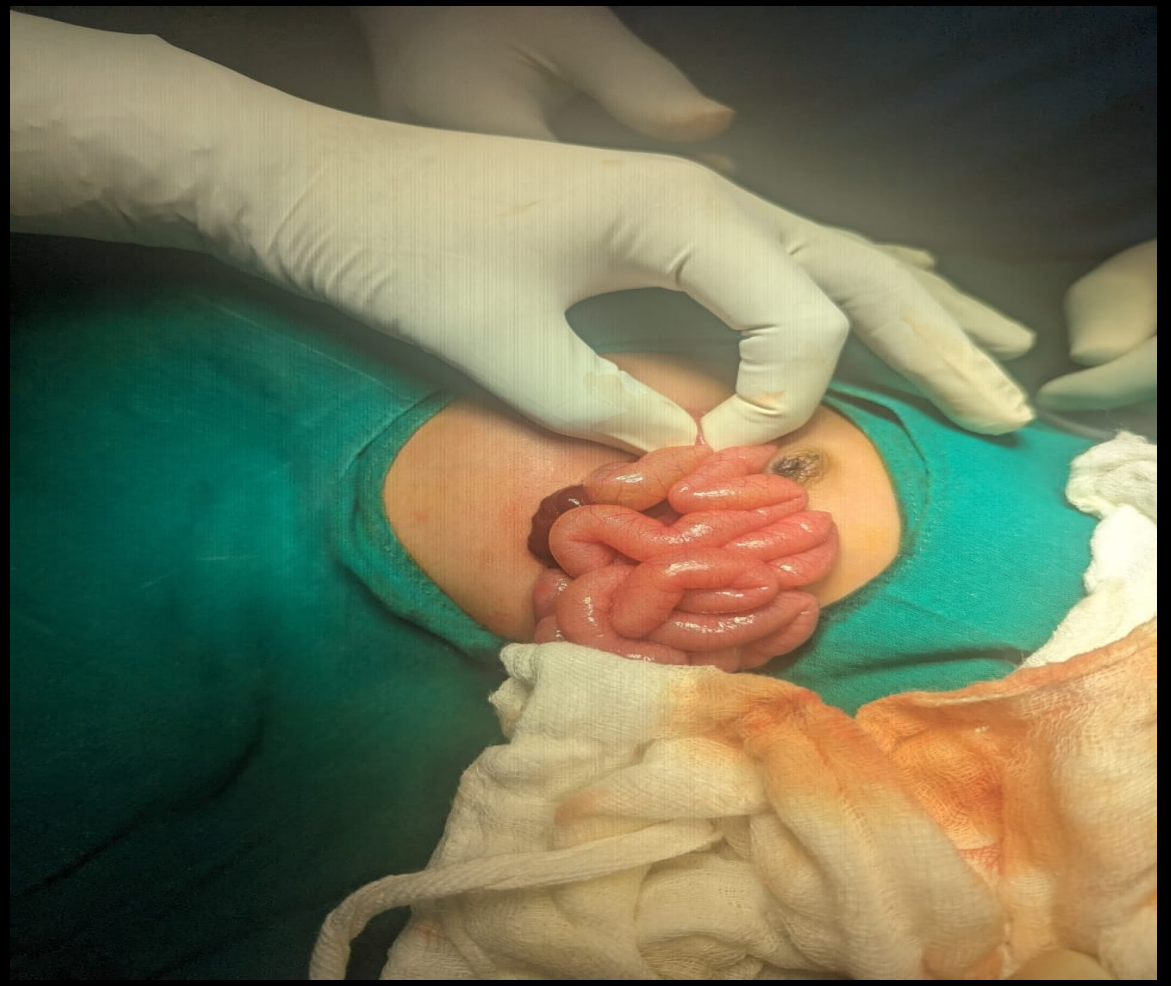

- Thank you