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A histopathological surprise of retroperitoneal tumor

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Abstract

Metastatic papillary carcinoma of thyroid in euthyroid patient surprisingly presented as retroperitoneal mass. The rarity of the lesion, non specific symptoms and signs made the pre operative diagnosis very difficult, but the histological report made the case very interesting. However because of the rarity of the presentation the diagnosis and management is not clearly defined and hence the associated patient outcome also. Till our knowledge through this paper we are presenting the first case of metastatic papillary carcinoma of thyroid which presented as retroperitoneal tumor.

Keywords: Papillary carcinoma, thyroid, retroperitoneal tumor

Introduction

Metastatic papillary carcinoma of thyroid in euthyroid patient present as retroperitoneal mass. The rarity of these lesion, non specific signs and symptoms made the preoperative diagnosis very difficult, but the histopathological report made the case very interesting.

Case report

- 59year old male patient with complaints of pain abdomen since 4 months and mass abdomen since 3 months. He was apparently alright 4months back then he developed pain in upper and left side of abdomen radiating to back, dull aching in nature, aggravated by food intake and relieved by analgesics associated with nausea and vomiting. Abdominal mass was initially around 4 x 4 cm increased to double its size in 3 months in the centre of abdomen Associated with Reduced appetite, Black coloured stool and Significant weight loss. He was an alcoholic 15 years ago, stopped for last 10 years. On examination his general conditions were fair and vitals were stable and examination of abdomen shown distention of abdomen and on palpation Tenderness present in epigastric region and left hypochondrium, MASS of size 10 x 8 cm approx.in epigastric and left hypochondrium, umbilical and left lumbar region present. Superior border felt below left lower intercostal border, inferiorly above umbilicus, laterally upto midaxillary line, medially upto umbilicus, Firm to hard in consistency, Smooth surface,poorly defined margins,Non Mobile, Does not moves with respiration. In Knee Elbow Position Mass doesn't fall forward. Percussion and auscultation were normal. Examination of left supraclavicular and inguinal lymph nodes were done and no nodes was palpable, Examination of hernial orifice and scrotum was Normal, Per rectal examination - Sphincter tone normal. Other systemic examinations – normal.
- All basic investigations and Thyroid Function Test was normal.
- Usg abdomen was done and reported as Large heterogenous solid mass in left anterior pararenal compressing and displacing the left kidney posteriorly-? Retroperitoneal tumor.
- Mass size- 14.9cm*10.9cm
- CT Abdomen & Pelvis was done further to evaluate the diagnosis Large well defined heterogenous intra abdominal solid mass with intralesional calcification seen in the left hypochondrium in between tail of the pancreas and displacing the left anterior para renal space and displacing the left kidney posteriorly, Mass Size measures 16*13*12cm, No ascites/pleural effusion/liver metastasis/ bone metastasis. CT Impression shown Extraadrenal paraganglioma or exophytic tumor from tail of pancreas or retroperitoneal solid tumors.

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Still it was inconclusive so proceeded with FNAC which was suggestive of Adenocarcinoma. Preoperatively we diagnosed as

- ? Distal pancreatic mass
- ? Retroperitoneal mass
- ? Pararenal mass.

Management

We proceeded with Laparotomy and proceed. On table we found it as Retroperitoneal tumor and proceeded with excision and tumor was sent for histopathology, to our surprise report came as Papillary Carcinoma – A histopathological surprise of retroperitoneal tumor.

Discussion

Possibilities of Diagnosis from IHC Study were

1. Metastatic Papillary carcinoma of Thyroid,
2. Renal Papillary CA from supernumerary kidney,
3. Teratoma containing Thyroid Tissue.

Papillary carcinoma of thyroid: Predominant in younger age group of female. Its a Hormone dependent tumor, TSH levels would be high. Slowly progressive & less aggressive tumor. Spread within gland through Intrathyroid lymphatics to other lobe, comes out of capsule and spread to cervical lymph node is seen. Extrathyroidal spread is very rare.

Papillary Carcinoma In Kidney is 10% of all renal tumors. Two familial cancer syndromes associated with this are

- Von Hippel Lindau
- Hereditary Papillary Rcc. Evaluation is by CECT and MRI abdomen & pelvis.

Teratoma: Derived from more than one of the three germ layer. Female preponderance is higher. Extragonadal teratoma is rare in adults. It may be Solid, Cystic or Mixed. There are 3 types Mature (Dermoid) is benign, Immature (Solitary Teratoma) is essentially malignant, Monodermal or Highly Specialised (Struma OVARII). Struma OVARII converting to malignancy is extremely rare.

Histomorphology in our case

- Nuclear features
- Colloid like areas
- Occasional Psammoma bodies present.

IHC study: CK 7, PBX 8, E-Cadherin, TTF-1 – POSITIVE

CD 10, CK 20, Chromogranin - Negative

IHC study plays major role in diagnosis.



Fig 1: Intraop Picture of Retroperitoneal Mass



Fig 2: Subcoastal Incision

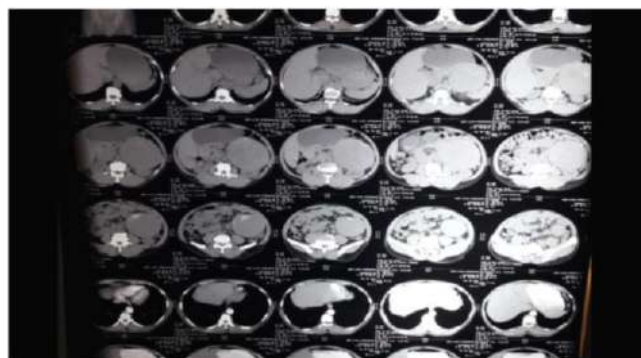


Fig 3: CECT-Abdomen and Pelvis

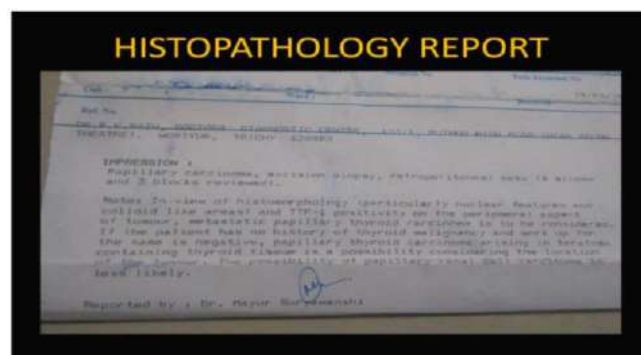


Fig 4: Histopathology Report



Fig 5: After Excision of Tumour

Conclusion

Every abdominal tumor will surprise us intraoperatively just like this case. Each abdomen case is a nightmare for surgeons.

Consent

Written informed consent was obtained from the patient for publication of this paper and accompanying images.

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