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GIANT MESENTERIC FIBROMATOSIS MASQUERADING UTERINE FIBROID

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ABSTRACT

Objective to report a case of Giant mesenteric fibromatosis presenting as a giant intra-abdominal tumour mistaken for uterine fibroid. Fibromatosis is a rare fibrous tumour arising from soft tissues in the body. Involvement of mesentery is rare. When presenting as a mass abdomen is usually mistaken for GIST. Attaining a massive size is still rarer in mesenteric fibromatosis. It is confirmed by excluding GIST by immunohistochemistry and typical histological features. A 24yrs lady presented with predominantly asymptomatic mass abdomen of the size of 30 weeks pregnant uterus. UPT was negative. MRI showed a mixed tumour with vague interface with uterus. Ovaries were normal. Exploration revealed a giant soild tumour arising from ileal mesentery and loop was stretched. Enmasseresection with the involved ileal segment was done. The histopathology showed a fibrous tumour with no atypia. There were areas of perivascular hemorrhages. IHC for CD 117 and CD 34 were negative. Mesenteric fibromatosis presented as a huge asymptomatic mass abdomen. Fibrous hitology, with perivascular haemorrhages and negative CD 34 and CD 117 clinched diagnosis mesenteric fibromatosis. A rare case of mesenteric fibromatosis mistaken for uterine fibroid is being reported.

INTRODUCTION

Fibromatosis has been a disease of curiosity from time immemorial [1]. Fibromatosis has been given many names like desmoids tumor of the abdominal wall, mesenteric fibromatosis of the small bowel, aka desmoids of the mesentery, retroperitoneal fibromatosis and fibromatosis of palm and elsewhere in the body [1–4] based on the clinical site of presentation.. The rate of growth of fibromatosis and histologically benign character also have compounded (mis) understanding fibromatosis.Rohan Shetty et al [7] have described aggressively behaving fibromatosis of the mesentry. Tumor like presentations is not uncommon with mesenteric fibromatosis. GIST [4] and pedunculated / parasitic fibroid are often the contenders of diagnosis preoperatively. Massive tumor presentations are uncommon [1].

A case of giant intra-abdominal lump of the size of 30 weeks gestational uterus preoperatively considers as pedunculated fibroid, a solid tumour from ileal mysentery at explorartion and histologically and immunohisto chemically confirmed mesenteric fibromatosis is being reported.

Case Details

A 29 year old lady was admitted with a pain less relatively rapidly growing abdominal mass, of the size of 30 weeks gestational uterus. The mass was extending from pelvis to epigastrium. Painless to touch and manipulation was freely mobile side to side. There was no ascitis, liver and spleen were not palpable. Pelvic examination was non-contributory. There were no masses elsewhere in the body. She was nutritionally well preserved. Hemogram was within normal limits. Pregannncy test was negative. Ultra sound of the abdomen showed a hypo and hyper echoic large lesion mostly arising from pelvis MRI abdomen revealed a large 240x240x110 mm solid lesion of with occasional hypo intense regions arising from pelvis. The

mass – uterine interface was not clearly delineated. Both ovaries and remaining uterus were normal. There were no lymph nodes .Liver was normal. In vew of the vague mass uterine inter face, possibility pedunculated uterine fibroid was considered. Imaging shows a solid mass size 240x240x110 mm with both hypo and hyper intense areas. Interface with uterus was not clearly discernable. The patient was explored with preoperative diagnosis of fibroid.

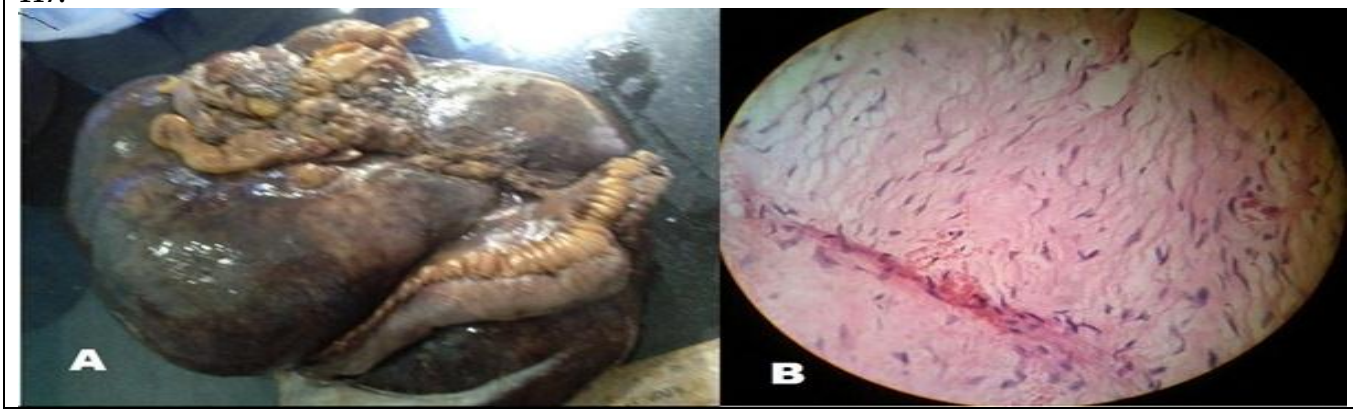
Exploratiory laparotomy revealed a solid mass of size 240x240x110 mm in the mesentery of distal small bowel, and the bowel wall was stretched over the mass. There were few limphnodes over the mesentery. Enmass, enblock resection of the tumour with end to end ileocolic anastomosis was performed. Post-operative period was uneventful.

Pathological examination revealed a solid lesion in the mesentery of ileum wchich was stretched over the mass. A definite plane existed between the mass and the ileum.

Histology of the tumour showed 1.Predominantly spindle cell nature without significant mitotic figure 2. Hypervascularity was seen. Nodular thick vessels with peri vascular hemorrhages.

Beta catenin could not not done. Predominnet fibrous lesion, with nodularity of vessels with peri vascular hemorrhages, and Negative CD 34 and CD 117 strongly suggested Mesenteric fibromatosis.

Figure 1 A. Shows Gross tumour with ileal loop stretched over the mass.
Figure 1 B. H& E histopathology showing fibrous nature of the lesion, IHC Negative for CD 34 IHC Negative for CD 117.



DISCUSSION

Mesentric tumors often are from both lymphnodes and duplication lymphatic cyst [9, 10] in infants. Mesentric fibromatosis is an uncommon entity has been labelled as sclerosing mesentritis, inflammatory pseudotumor, mesenteric desmoids and similar names [2]. Mesentric fibromatosis a predominantly histological diagnosis has been linked to the mesentry because of its anatomic location. These tumors are basically fibrous in a nature and have overlapping features with GIST and other neoplastic and non-neoplastic lesions of the mesentry [1,4-7] fibromatosis has been mistaken for GIST as well as pseudotumors. In the present case, these two are excluded by immunohistochemistry and lack of charecteristics of pseudotumor signs [Table 1].

Mesenteric fibromatosis has no specific age preponderance while abdominal fibromatosis (desmoids) has both female predilection and second decade preference. Mesenteric fibromatosis have been described to be associated with familial syndromes [4]. Giant abdominal masses from the mesentery are uncommon. A case report was published from Greece [6]. The size of the mass of this patient under discussion also was 80x100x120 mm and disproportionately lacked the symptoms.

The treatment of choice of mesenteric fibromatosis is surgical [2,4,6,7]. The behaviour of mesenteric fibromatosis cannot be predicted on histology but markers like increased mitotic index, vascular infiltration, might suggest aggressive nature. A microscopic feature called melting insinuation of the muscularis propria was not seen in this patient. Melting insinuation was considered as one of the histological features of Mesenteric fibromatosis. Keloidal fiber formation,hypertrophic arteries , thin walled veins and perivascular hemorrhages were other histological features helped further to establish mesenteric fibromatosis. Thick walled and nodular vessels, perivascular haemorrhage go more in favour of mesenteric fibromatosis. Mesenteric fibromatosis needs to be differentiated from GIST and pseudotumors. Mesenteric fibromatosis was diagnosed based on spindle cells with no atypia , and very low mitotic figures, negative CD 117 and CD 34 (10).

CONCLUSION

A case of mesenteric fibromatosis presenting Giant intra-abdominal tumor mistaken for uterine fibroid is being reported.

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