

An Incidental Finding of a High Vascularized Retroperitoneal Mass in a Young Woman

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Fig. 1: Macroscopic finding revealed a 14 cm diameter mass encapsulated without invasion into the surrounding tissues. A radical excision of the tumoral mass was made (black arrow: left iliac artery; asterisk: left renal artery)

INTRODUCTION

Paragangliomas are endocrine tumors derived from the chromaffin cell of the autonomous nervous system. Its localization out of the adrenal gland is extremely rare. We present a 44-year-old woman with 1 month of abdominal pain and weight's lost of 31 kg in a year. A solid heterogeneous mass was discovered in a computerized tomography (14 × 14 × 12 cm with cyst and necrosis components and peripheral enhance; Fig. 1). In an abdominal angio-RM, the tumor displaced the left kidney and the aorta next to the pancreas and compressing psoas muscle. A complex vascularization was observed in an arteriography from inferior mesenteric artery, vertebral arteries, celiac trunk and right kidney artery. Epinephrine and dopamine were in range of normality but norepinephrine in plasma was >823 pg/ml (0.0-370.0). A preoperative embolization to reduce the vascular supply was planned with microspheres of 300 to 500 μ and polyvinyl alcohol. A radical excision of the tumoral mass was made preserving adjacent organs and vascularization. The diagnosis was confirmed with a immunohistochemical study positive for vimentina, CD 56 and sinaptofisina and without evidence of malignancy. One year after she remains abdominal metastatic illness confirmed by abdominal single photon emission computed tomography with radioisotope injection (123-I-MIBG).

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