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Case Report

A rare case of retroperitoneal cavernous hemangioma

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ABSTRACT

Cavernous hemangiomas are common benign tumors of the skin or liver, but presentation in retroperitoneum, especially in an adult is relatively rare. Here we present a case of retroperitoneal cavernous hemangioma in a 27 year old female.

Keywords: Cavernous hemangioma, Retroperitoneum, Benign tumor

INTRODUCTION

Vascular lesions such as hemangiomas are more common in childhood. Hemangiomas are vascular tumors with a rare presentation in the retroperitoneum. Among retroperitoneal tumors, Cavernous Hemangioma (CH) is even rarer.[1,2] The majority of reported retroperitoneal hemangiomas in adults originated from the kidneys, but they can also originate from the adrenal glands and pancreas.[3-5] It is difficult to make a clinical diagnosis and difficult to diagnose even by various imaging modalities. Often it is suspected during surgery and confirmed by histopathological examination.

CASE REPORT

A 27 year old female presented with pain in epigastrium and left hypochondrium since 2 years with increased pain for the last two months. There was a history of trauma two years back. On examination a vague mass was felt in the epigastrium and left hypochondrium. Other systems were normal. A provisional diagnosis of pseudocyst of pancreas was made. USG abdomen reported as possibility of post-traumatic cyst or mesenteric cyst or cystic lesion of tail of pancreas. CECT abdomen reported as non-enhancing hypodense loculated lesion of 20-30 HU of 4.6×7.3×9 cm size posterior to stomach, anterior to spleen and lateral to tail of pancreas with calcification suggestive of chronic organised collection (Figure 1).

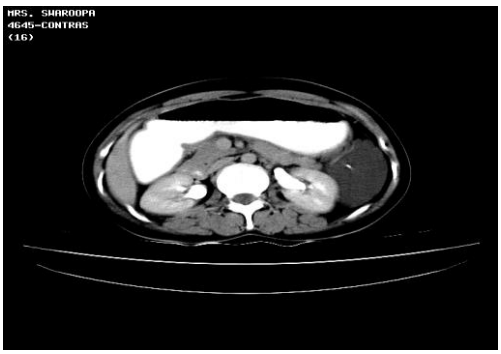

Figure 1: CECT abdomen showing chronic organised collection.

Laparotomy revealed a multiloculated reddish cystic lesion in the lesser sac (Figure 2). It was found not arising from hilum of the kidney and pancreas. After ligating all the feeding vessels mainly from the splenic vein the cyst was dissected and excised.

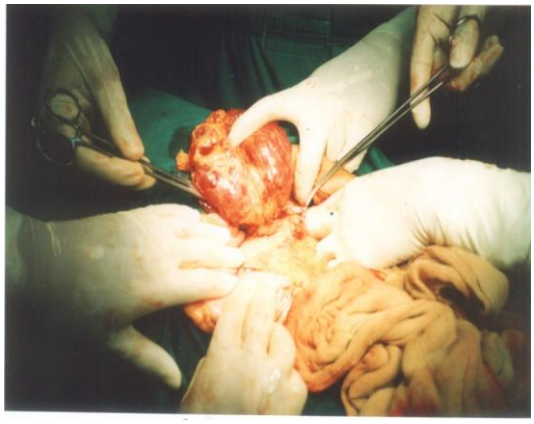

Figure 2: Operative photograph showing cystic lesion in the lesser sac.

Immediate post-operative period was uneventful. Histopathology reported as cavernous hemangioma (Figure 3).

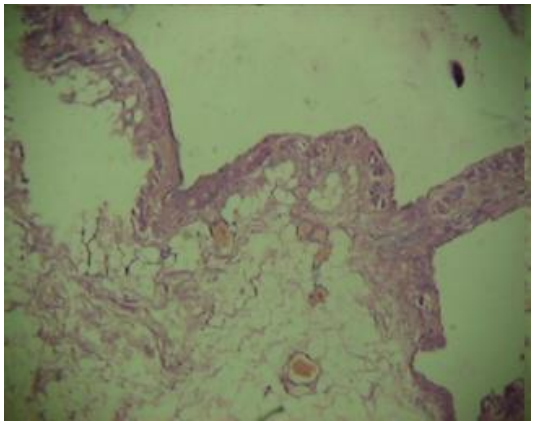

Figure 3: Histopathology showing cavernous hemangioma.

DISCUSSION

Cavernous hemangioma (CH) is a benign vascular tumor usually involving skin and mucosa. It may also originate from other viscera such as liver, kidneys, spleen, pancreas and adrenal glands. Pediatric hemangiomas are much more common, which proliferate during infancy and eventually regress. Adult CH is uncommon in the retroperitoneum.

Retroperitoneal CH is usually asymptomatic. They cause symptoms when they enlarge in size and compress the surrounding structures. Here in our case the patient presented with pain due to the large size of the cyst. The CT findings of retroperitoneal CH have not been extensively characterized.[6,7] Further, CT findings of CH may differ depending on the organ of origin.

On laparotomy, the first impression was a cystic lesion located in the retroperitoneum with feeding vessels all around. The differential diagnoses in such cases are malignancies such as liposarcoma, malignant fibrous histiocytoma, neuroblastoma and leiomyosarcoma, or benign lesions such as lipoma, teratoma, paraganglioma and neurilemoma.[1] In the present patient there was no evidence of malignancy and metastasis. Hence, a complete curative excision was done.

CONCLUSION

Cavernous hemangioma in the retroperitoneum is rare in adults. The clinical diagnosis is difficult and imaging modalities like CT may also not be conclusive. Diagnosis can be made preoperatively after noting the cystic lesion and feeding vessels. Excision is the treatment of choice in such patients. Patient is free of symptoms post-operatively and during yearly follow up.

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REFERENCES

1. Haas CA, Resnick MI, Abdul-Karim FW. Cavernous hemangioma presenting as a renal hilar mass. J Urol. 1998;160:2139-40.
2. He H, Du Z, Hao S, Yao L, Di Y, Jiang Y, Jin C, Fu D. Adult primary retroperitoneal cavernous hemangioma: a case report. World J Surg Oncol. 2012;10:261.
3. Geenen RWF, den Bakker MA, Bangma CH, Hussain SM, Krestin GR. Sonography CT MRI of giant cavernous hemangioma of the kidney: correlation with pathologic findings. Am J Roentgenol. 2004;182:411-4.
4. Matsuda D, Iwamura M, Baba S. Cavernous hemangioma of the adrenal gland. Int J Urol. 2009;16:424.
5. Weidenfeld J, Zakai BB, Faermann R, Barshack I, Aviel-Ronen S. Hemangioma of pancreas: a rare tumor of adulthood. Isr Med Assoc J. 2011;13:512-4.
6. Nishino M, Hayakawa K, Minami M, Yamamoto A, Ueda H, Takasu K. Primary retroperitoneal neoplasms: CT and MR imaging findings with anatomic and pathologic diagnostic clues. Radiographics. 2003;23:45-57.
7. Tambo M, Fujimoto K, Miyake M, Hoshiyama F, Matsushita C, Hirao Y. Clinicopathological review of 46 primary retroperitoneal tumors. Int J Urol. 2007;14:785-8.

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