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IMAGES IN EMERGENCY MEDICINE

Acute Care Surgery

Upper left abdominal pain in young female patient

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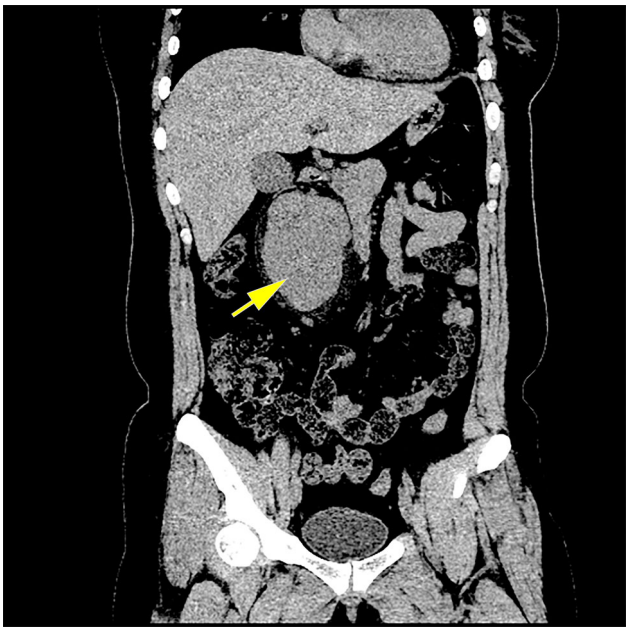

FIGURE 1 An axial computed tomography (CT) shows a solid, well-circumscribed mass (arrow) under the inferior hepatic edge

1 | PATIENT PRESENTATION

A 34-year-old woman presented with acut- onset left-sided abdominal pain for 1 day. The patient had previously undergone resection for thyroid cancer. On examination, the abdomen was soft and there was no regional lymphadenopathy, pain, or discomfort. The patient denied a history of hypertension and HIV. Blood tests only indicated an elevated cancer antigen 125 level (58.77 U/mL, reference range < 35). Abdominal ultrasonography showed an 8.6 × 5.1 cm upper abdominal mass. A computed tomography scan (Figures 1–3) revealed a retroperitoneal mass located between the aorta and inferior vena cava. The mass expanded and compressed the surrounding blood vessels as well as the bowels.

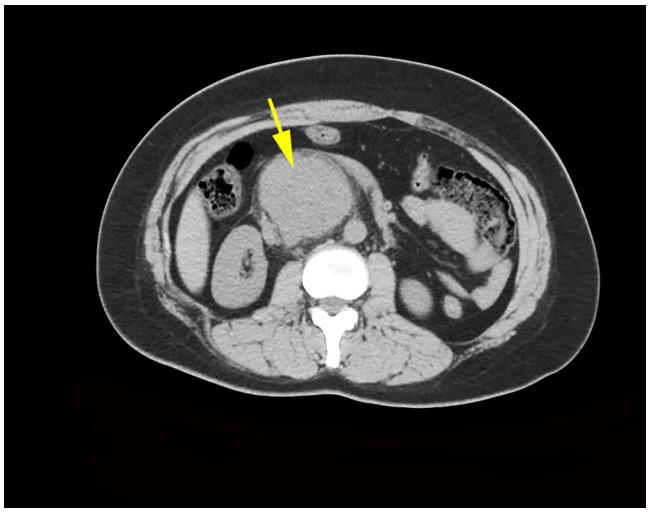

FIGURE 2 A coronal CT shows the mass (arrow) anterior to the right kidney and compressed the peripheral blood vessels and bowels

2 | DIAGNOSIS

2.1 | Castleman disease

The mass was completely resected (Figure 4). Pathological evaluation demonstrated reactive lymphoid hyperplasia consistent with the hyaline vascular variant of Castleman disease. Castleman disease is a rare

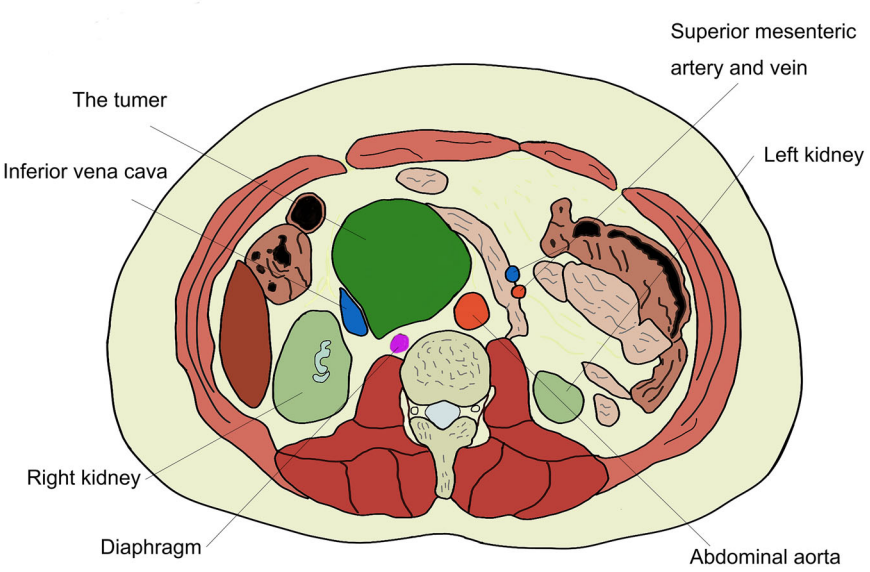

FIGURE 3 Illustration (corresponding to CT seen in Figure 2)

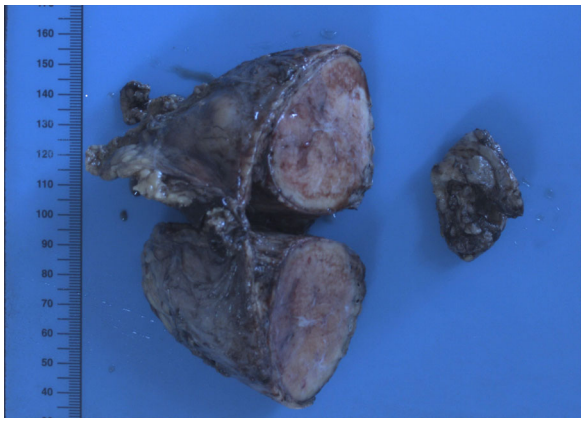

FIGURE 4 The removed tumor

lymphoproliferative disorder, and its etiology and pathogenesis remain unclear. Castleman disease may be clinically classified into its unicentric or multicentric form. Histologically, its associated tumors may be classified into 3 types: (1) hyaline-vascular type (80% to 90%); (2) plasma cell type (10% to 20%); and (3) mixed variant.[1] The most common location of the tumor is the mediastinum (60% to 70%). Abdominal forms are rare (10% to 17%), with the majority of cases being retroperitoneal.[2] The four leading groups of diagnostic possibilities include mesenchymal soft tissue sarcoma, tumors of neurogenic origin, germ cell tumors, and lymphoproliferative disorders.[3]

The hyaline vascular type frequently appears as a benign isolated mass and does not recur after curative surgical excision. Complete surgical resection is considered to be the gold standard treatment for unicentric Castleman disease, with an estimated 5-year overall survival rate of 98.4%.[4]

CONFLICTS OF INTEREST

The authors declare no conflict of interest.

AUTHOR CONTRIBUTIONS

Jiawei Zhang found and diagnosed the patient and drew the illustration. Jing Wang and Baohua Liu were involved in surgery. Qi Wang provided and edited the image data.

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