Volume-4, Issue-6, June-2015 • ISSN No 2277 - 8160

Research Paper | Medical Science

Case Report on Rhabdomyosarcoma Mass Per Abdomen-Diagnostic Dilemma

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ABSTRACT *Unmarried lady came with C/O mass per abdomen since 8 days.She had a scan report showing left adenexal complex mass showing ovarian malignancy.ON GPE showed vague mass.Cone Needle Biopsy showed as poor differentiated carcinoma.Exploratory laparotomy done.Chemotherapy given and patient improved.*

KEYWORDS : Retroperitoneal mass,Metastatic carcinoma,Exploratory laparotomy.

Introduction:
Rest of tissue tumour that begins in mesenchymal cells,which are immature cells,they are normally become muscles and develops in a striated muscle,which are skeletal voluting muscles and mainly seen in children and young adults.

Alveolar Rhabdomyosarcoma is more aggressive type of Rhabdomyosarcoma mostly in arms,legs and trunk of the body.

Rarely it can present in retroperitoneal pelvic region.

Incidence of Rhabdomyosarcoma :2-4%
Incidence of Alveolar Rhabdomyosarcoma:25-40% of Rhabdomyosarcoma.

Case Report
Miss Renu,Age 17 years,unmarried,low socioeconomic status came to gynae OPD of RMCH Bareilly on 12/4/2014 with complaints of pain abdomen and lump in abdomen since 8 days.She was admitted in surgery OPD,Her GPE was normal and then diagnosed on USG as T.O Mass and shifted to gynae department.

Evaluation at OBG department showed a vague mass per abdomen around 24 weeks,hard,fixed,non-mobile.

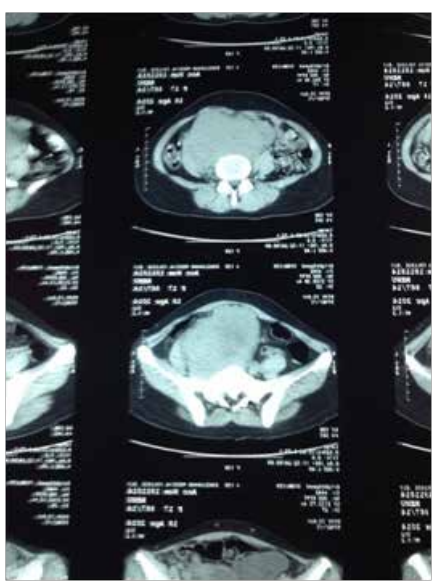
P/S,P/V not done,as pt was unmarried.

P/R Examination: Size of uterus and ovary could not be assessed.

Further evaluation showed that CA-125 and beta hCG were WNL.

On EUA: EUA can reveal hard,fixed,immobile mass in lower abdomen.

Further evaluation need CT Scan done,revealed retroperitoneal mass (14*8) cm,encasing aorta.No evidence of lymhadenopathy or ascites. Left ureter infilterated and occluded with significant hydroureterone-phrosis, as shown in figure:



No free fluid was present in pelvis and upper abdomen.Uterus was normal and ovaries not identified.

So,our diagnosis of Retroperitoneal mass as described was made along with positivity of left ovarian neoplasm with adjacent retroperitoneal infilteration/?Retroperitoneal mass.

Cone Needle Biopsy of mass done under L.A.

The report came as poor differentiated carcinoma-Metastatic immunohistochemistry was advised.

Patient was planned for Exploratory laparotomy and proceed on 21/4/2014.

On Per op findings:
Uterus and ovaries-Normal

Instead she had a large retroperitoneal sarcoma with left hydroureter and mesentery of transverse colon was adherent to sarcomatous mass.Aorta was entering along with IVC entering into sarcomatous tumour.Posteriorly tumour was fixed to vertebra and mass was necrosed and evacuated digitally.Debulking done and Biopsy sent for HPE Report.

HPE report revealed alveolar type of rhabdomyosarcoma and patient was referred to higher centre for chemotherapy with slides and blocks. Follow up done by medical oncology and OBG department.No mass felt per abdomen and the patient is on regular medical oncology and OBG follow up.

Discussion: The lesson learnt from this case is that any vague felt per abdomen – **Think beyond an ovarian mass.**

Evidence of obstruction like hydronephrosis with solid tumour,we should consider less common D/D of pelvic mass.It may not be ovarian cyst alone.Misinterpretation of clinical signs with overamphasis on USG can lead to wrong diagnosis and may lead to unnecessary laparotomy.Poor differentiation that alveolar type of Rhabdomyosarcoma can increase internal bleeding or necrosis making a precise diagnosis of imagination difficult because these tumour responds to treatment and prognosis varies depending on level of differentiation biopsy and final diagnosis is important.

Patient with advanced poorly differentiated carcinoma should be considered for combination chemotherapy.Alveolar Rhabdomyosarcoma is aggressive type of Rhabdomyosarcoma.