



## A CASE REPORT: RETROPERITONEAL NEURO FIBROMA

### General Surgery

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### ABSTRACT

The neurofibroma is a tumor of neural origin. This kind of neoplasm though is generally skin located. Rare cases in deep organs or in the peritoneal cavity. There are two types of neurofibroma, Localized and diffused. The latter is associated with Von Recklinghausen disease and always occurs together with neurofibroma. Here we cote the case of 69 year old female affected by retroperitoneal neuro fibroma but not associated with Von Recklinghausen. A CT scan describes retroperitoneal pararenal lesion with no clear involvement of adjacent viscera. To be prescribed diagnostic modality treatment planning and surgery.

### KEYWORDS

#### INTRODUCTION

Neurofibroma are the most prevalent benign peripheral nerve sheath tumor. Often appearing As a soft, skin-colored papule or small sub cutaneous nodule, they arise from endoneurium And the connective tissues of peripheral nerve sheaths. Neurofibromas are comprised of Schwann cells, fibroblasts, perineural cells, and mast cells invariably myxoid background.

A mutation in the NF1 gene causes neuro fibromas. There are three main types of neurofibromas: localized (most common), diffuse, and plexiform. Although the majority of neurofibromas occur sporadically and have an extremely low risk of malignant transformation, the plexiform type is pathogonomonic for neurofibromatodid type1(NF1) and carries an increased risk of malignant transformation. Complete excision of the lesion is curative.

#### Clinical case

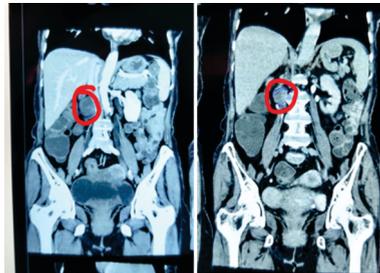
A 69 year old female presented to us with c/o abdominal pain right lumbar region since one year And fever and vomiting since 15 days. Patient was relatively asymptomatic before one year Then she developed complaint of abdominal pain in right lumbar region since one year dull Aching radiating to back once a week. Intensity of pain increased since last two month.

Patient also having complaint of fever on and off, high grade , not associated with chills and rigor and vomiting since 15 days. No complain of constipation, diarrhea, bleeding per rectum, hematuria.

On admission pulse 82/min. BP 112/70mmhg, P/A : soft non tender no any palpable lump.

On investigation HB: 8.8, TC: 8800, INR: 0.95, NA: 140,K: 4.8, CREAT: 1.21, urea: 18.6, T.P: 5.3, Albumin 3.6, CXR and AXR :NAD, USG (A+P) s/o: approx 3x1x16x36mm sized well defined Hypoechoic lesion with minimal internal vascularity is noted adjacent to hilum of right kidney Anterior to right psoas s/o retro-peritoneal mass lesion CECT (A+P) s/o: approx. 25x27x40mm Sized well defined progressively an enhancing lesion with eccentric hypo-enhancing area is Noted in retroperitoneum between right kidney and IVC at L2 and L3 vertebral level.

Anteriorly the lesion abuts second part of duodenum preserved fat plane medially ,lesion Abuts IVC. However it shows normal contrast opacification. Right laterally fat plane between The lesion and right kidney is preserved. Posteriorly the lesion abuts right psoas muscle and right upper ureter. Findings s/o benign retroperitoneal mass lesion neurogenic tumor likely.



CECT (abdomen + pelvis) images.

#### TREATMENT

Approx. 8cm long mid midline incision kept under GA and reached to retroperitoneum. An approx. 3x3cm sized mass was found in between right kidney and IVC not adhered to any organ or any structure. Excision of mass done with meticulous dissection with taking care to not injure the ureter and ovarian vessels and IVC. Closure done in layers. Specimen sent for biopsy.



Fig:1 intraoperative image.



Figure 2: specimen.

#### HISTOLOGY

Histology report s/o benign nerve sheath tumor -neurofibroma.

#### DISCUSSION

Neurofibromas in general are rare neoplasms and arise in patients with Von Recklinghausen's disease, but a solitary variant has been observed

in rare cases and its splanchnic location is very uncommon.

Para-Aortic, para-renal neurofibroma is an exceedingly rare tumor location.

In some cases nephrectomy may be required to remove the tumor, in most of the cases local excision will suffice.

In our case the renal parenchyma and pelvicalyceal system are not involved as confirmed by CT scan.

CT guided biopsy should be taken and then management should be planned accordingly.

Although we have not done biopsy via CT guidance. We operated the patient on the basis of CT findings that clearly defines no infiltration of adjacent structures and organs.

Some authors say that surgical resection is indicated only when the tumor causes pain or progressively causing neurological deficiencies. Solitary neurofibromas are associated with a low local recurrence rate if completely excised.

Meticulous dissection is required for excision and to avoid injuries to the ureters and ovarian vessels.