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RETROPERITONEAL XANTHOGRANULOMATOUS CYST – A RARE CASE REPORT

General Surgery

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ABSTRACT

Xanthogranulomatous cyst is an uncommon condition and presents mostly in the kidneys and gall bladder, very rarely in the retroperitoneum and gastrointestinal tract. We present a case of a 30 year old female who presented with complaints of mass per abdomen. on further clinical and radiological examination she was diagnosed with retroperitoneal dermoid (ultrasound abdomen). However CECT abdomen and pelvis showed mesenteric cyst. Exploratory laparotomy done, cyst found to be in the retroperitoneum with chyle like fluid .On histopathological examination it was confirmed to be xanthogranulomatous cyst. Patient recovered with no short term post operative complications.

KEYWORDS

Xanthogranulomatous, retroperitoneum, mesenteric cyst

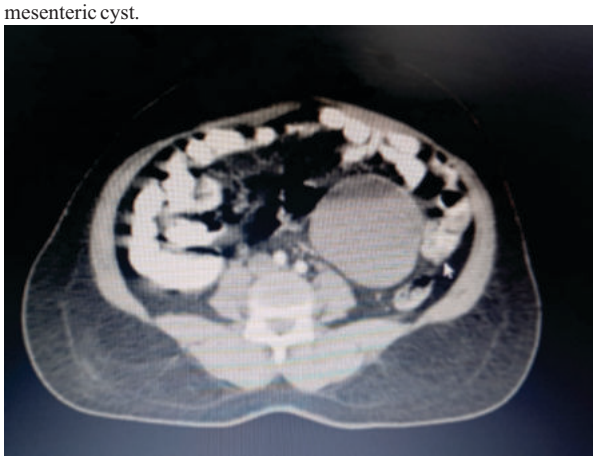
INTRODUCTION

Xanthogranulomatous inflammation (XGI) is a rare chronic inflammatory process characterized by aggregation of lipid-laden foamy macrophages or xanthoma cells[1]. XGI can involve any organ, most commonly kidneys and gallbladder [2,3]. Very rarely they can be located in the retroperitoneum, however the exact incidence is unknown. They can present as vague abdominal pain and are diagnosed only after comprehensive evaluation. It is characterized by aggregation of lipid-laden foamy macrophages or xanthoma cells. It can involve any organ, most commonly kidneys and gall bladder.

CASE STUDY

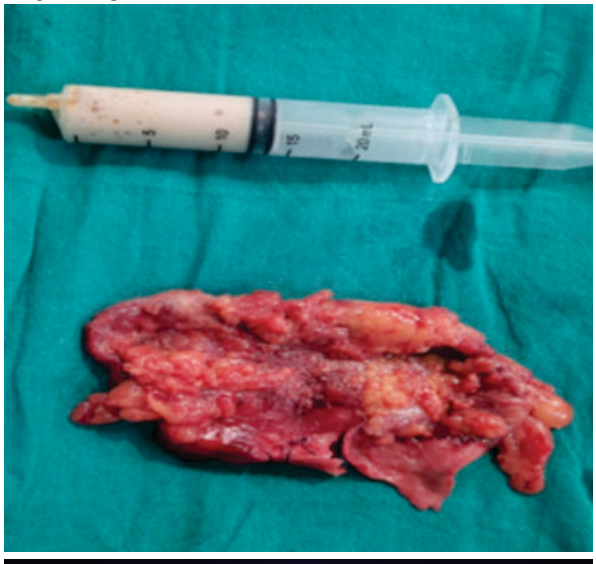
A 30-year-old female patient presented with history of mass per abdomen since 15 days associated with mild vague abdominal pain which had no aggravating or relieving factors.

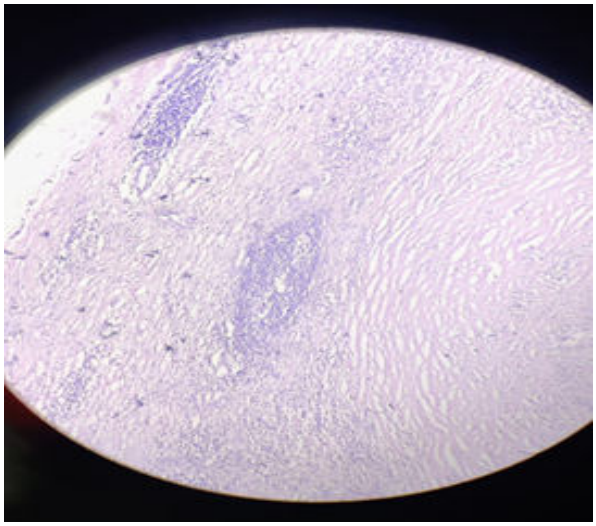
On admission, the physical examination of the respiratory, cardiovascular and central nervous systems was unremarkable. Abdominal examination, a solitary mass of 10X8 cms was palpated in the left lumbar region extending to the umbilical region and was mobile. No history of fever, constipation, malena, vomiting or bleeding per rectum. Ultrasound of the abdomen and pelvis showed retroperitoneal dermoid, however CECT abdomen and pelvis showed mesenteric cyst.



With a preliminary diagnosis of mesenteric cyst,atient underwent exploratory laparotomy and a solitary cyst in the retroperitoneum near the mesentery of small bowel of size 10X8 cms, of tensely cystic consistency and contained chyle like fluid of about 300ml .No surrounding adhesions and no invasion to neurovascular structures noted.

Patient had return of bowel sounds on POD 2 and was allowed orally thereafter. No immediate post operative complications were found on follow up. On histopathological examination it was found to be a xanthogranulomatous cyst with inflammation comprising mainly foamy histiocytes, scattered neutrophils, a few lymphoid cells and congested capillaries.





DISCUSSION

Xanthogranulomatous cyst was first described by Oberling in 1935 in three cases of retroperitoneal xanthogranulomas.[4] Only one reported case of xanthogranulomatous inflammation in the terminal ileum, 2 reported cases in the sigmoid colon[5,6] three reported in the cecum[7], and one in the ascending colon[8] illustrated the rarity of occurrence of xanthogranulomatous inflammation in the lower gastrointestinal tract. Since it is a rare entity other more common differentials have to be considered and managed accordingly.

In our study preliminary diagnosis of mesenteric cyst was made and surgery planned accordingly. If malignancy is considered it is always better to confirm pathological diagnosis intraoperatively by a frozen section and then proceed.

CONCLUSIONS

Xanthogranulomatous cyst is a rare entity and can be considered as a rare differential in mass per abdomen. They are non-neoplastic cysts which can present as mass per abdomen, vague abdominal pain and can be confirmed only after excision and histopathological examination. Approach to these cases have to be considered based on the clinical examination findings supported by superior radiological findings when in dilemma.

REFERENCES:

1. Cozzutto C, Carbone A. The xanthogranulomatous process. Xanthogranulomatous inflammation. Pathol Res Pract 1988;183:395–402. [PubMed] [Google Scholar]
2. Franco V, Aragona F, Genova G, Florena AM, Stella M, Campesi G. Xanthogranulomatous cholecystitis. Histopathological study and classification. Pathol Res Pract 1990;186:383–90. [PubMed] [Google Scholar]
3. Antonakopoulos GN, Chapple CR, Newman J, Crocker J, Tudway DC, O'Brien JM, et al.. Xanthogranulomatous pyelonephritis. A reappraisal and immunohistochemical study. Arch Pathol Lab Med 1988;112:275–81. [PubMed] [Google Scholar]
4. Oberling C. Retroperitoneal xanthogranuloma. Am J Cancer 1935;23:477-89. CrossRef
5. Lo CY, Lorentz TG, Poon CS. Xanthogranulomatous inflammation of the sigmoid colon: a case report. Aust N Z J Surg 1996;66:643-4. CrossRef
6. Oh YH, Seong SS, Jang KS, et al. Xanthogranulomatous inflammation presenting as a submucosal mass of the sigmoid colon. Pathol Int 2005;55:4404. CrossRef
7. Anadol AZ, Gonul II, Tezel E. Xanthogranulomatous inflammation of the colon: a rare cause of cecal mass with bleeding. South Med J 2009;102:196-9.
8. Dhawan S, Jain D, Kalhan SK. Xanthogranulomatous inflammation of ascending colon with mucosal involvement: report of a first case. J Crohns Colitis 2011;5:245-8. CrossRef