Asimmetria addominale in una ragazza di 17 anni

An abdominal asymmetry in a 17 years old girl

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Case report

A 17 th year old girl was referred for an abdominal asymmetry. Her history was remarkable for a dyspepsia dating since 4 weeks, with a concomitant anorexia started few years before. No trauma history was referred. On admission at the physical examination a firm epigastric abdominal mass was present. An ultrasonography of the abdomen was performed showing a voluminous retrogastric peripancreatic, mass partially cystic . A CT scan (Fig. 1) and diagnostic laparoscopy was performed. The first hypothesis was a gastric duplication or a pancreatic neof ormation. An open surgery conversion was needed for multiples pancreatic adherences and for the intraoperative histology suggestion of malignancy. A radical mass enucleation was made (Fig. 2) and the final histology showed a solid pancreatic pseudopapillary tumor (TPSP) (Fig. 3). After two days a post-operative pancreatitis and haemoperitoneum required a second laparotomy. Pancreatitis resolved with medical therapy with a persistence of a small retrogastric liquid collection at discharge. After a week the girl

Figura 1. Pre-operative axial CT scan of the mass
come back for an abdominal pain and yellow secretions from surgical wound. No metastasis but a 8 cm peripancreatic pseudocystic collection were revealed on abdominal and thoracic scan. Medical therapy with gabezato mesilato, fasting, parenteral nutrition and antibiotic endovenous therapy for 22 days allowed a significant reduction of the mass. At discharge and after 8 months the patient is asymptomatic and no lesions is present at abdominal RMN.

Conclusion

This case underlines the relevance of TPSP in differential diagnosis of retrogastric and peripancreatic lesions in puberal girls. The mass adherences and the dimensions impose a open surgery to radically enucleate the neoplasia according to the oncologic criteria. For this neoplasia, first described by Frantz in 1959, standard treatment consists in radical excision of the mass even to confirm the diagnosis. Although preoperative diagnosis is difficult by computed tomography, magnetic resonance imaging may potentially improve this situation. Prognosis is good after excision even with metastasis or local recurrences. After pancreatic surgery it is important to consider postoperative pancreatitis and its complications (haemoperitoneum, late peripancreatic collections) to limit fatal events. A solid, cystic or mixed form of the neoplasia exists and it represents 2-3% of pancreatic primitive tumors occurring at all ages. At least 4-yearly follow-up is mandatory for all patients undergoing surgical resection.

Remarkably only a case of spontaneous regression shrinkage is reported in literature. This is a very rare disease and only 12 pediatric cases were reported from 2000 to 2009 in Italy.

References