

Extremely Large Intra-Abdominal Fibromatosis Present as a Life-Threatening Surgical Emergency

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1. Clinical Image

Intra-abdominal fibromatosis, the most common primary tumor of the mesentery, is a benign and rare tumor that can affect any age group of patients. It is characterized by local aggressiveness, and usually develops in the retroperitoneum or mesentery [1]. Although it could be primary, where it is a rare variant of benign stromal neoplasms of fibroblast myofibroblast origin, it is usually secondary to hormonal stimulation or trauma, or be associated with Gardner's syndrome or Familial Polyposis Coli [2,3].

A 65 years old, healthy female patient, presented to our Emergency Medicine Department with severe lower abdominal pain of acute onset, associated with nausea and recurrent vomiting. Abdominal examination upon her admission revealed diffuse peritonitis, with a tender palpable mass on the mid abdomen. Per rectum exam was normal. A contrast enhanced computed tomography (CT) scan showed large space occupying lesion of 10*12 cm at left mid-lower abdomen, penetrating into small bowel loop, with free intra-abdominal air and fluid (Figure 1).

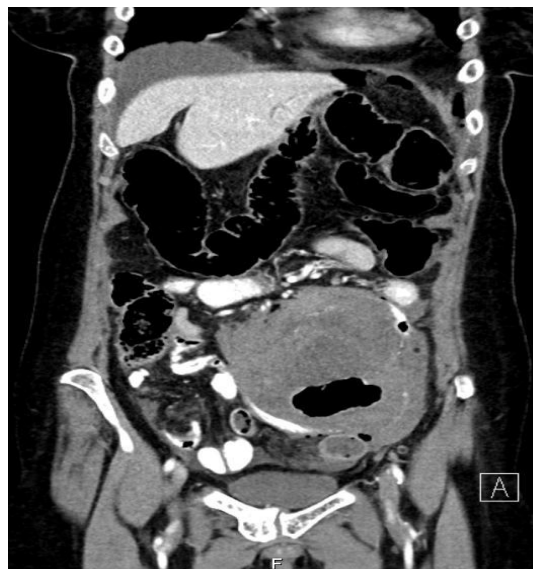


Figure 1: a coronal contrast enhanced Computed Tomography showing large tumor of 12 cm diameter at left mid-lower abdomen, with free intra-abdominal air and fluid.

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On exploratory laparotomy, large amount of purulent fluid was demonstrated, along with a large (about 12 cm diameter) soft tissue tumor attached to several bowel loop with small intestine perforation due to tumor penetration (Figure 2). Resection of the tumor with long segment of small bowel, along with primary anastomosis was completed. Her post-operative period (POD) was uneventful, and she was discharged home on POD 6. Histopathological exam of the specimen with hematoxylin and eosin stain showed Mesenteric tumor of Intraabdominal fibromatosis (desmoid), invading to the wall of small intestine with perforation and peritonitis. Surgical margins of mesenterium are free of tumor. Reactive lymph nodes seen in mesenterium.



Figure 2: intraoperative photograph showing a large tumor of the mesentery with penetration into the small bowel and multiple attached loops.

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