Available online at http://www.journalcra.com

International Journal of Current Research
Vol. 10, Issue, 02, pp.65636-65638, February, 2018

INTERNATIONAL JOURNAL OF CURRENT RESEARCH

ISSN: 0975-833X

CASE REPORT

PSEUDOMYXOMA RETROPERITONEI PRESENTING AS PSOAS ABSCESS: A CASE REPORT

***Dr. Hitesh Kumar and Dr. Raju Patel**

Department of General Surgery, NDMC Medical College & Hindu Rao Hospital, New Delhi, India

ARTICLE INFO

Article History:
Received 13th November, 2017
Received in revised form
23rd December, 2017
Accepted 20th January, 2018
Published online 28th February, 2018

Key words:

Pseudomyxoma retroperitonei,
Psoas abscess,
Appendix.

ABSTRACT

Pseudomyxoma peritonei or mucinous neoplasm of the appendix is a rare clinical condition characterized by the presence of mucinous ascites in which gelatinous material accumulates throughout the peritoneal cavity and pelvis. It usually arises from cystic neoplasm of appendix, ovary and rarely from colon. A 45 year old man presented with right sided abdominal lump and distension. Ultrasound and Computerized tomography diagnosed it as a case of psoas abscess with multiloculated heterogeneous echoic contents. Intraoperatively jelly like material was removed from retroperitoneum. Histopathological examination revealed features suggestive of mucinous adenocarcinoma. Aim in presenting this case is to increase the awareness among clinicians about the rare presentation of pseudomyxoma retroperitonei as a psoas abscess.

Citation: Dr. Hitesh Kumar and Dr. Raju Patel, 2018. "Pseudomyxoma retroperitonei presenting as psoas abscess: A case report", *International Journal of Current Research*, 10, (02), 65636-65638.

INTRODUCTION

Pseudomyxoma peritonei or mucinous neoplasm of the appendix is a rare condition characterized by the presence of mucinous ascites in which gelatinous material accumulates throughout the peritoneal cavity and pelvis (Smeenk *et al.,* 2007; Smeenk *et al.,* 2008). Patients are usually symptomatic with abdominal pain, distension, weight loss or signs of acute appendicitis (Michael *et al.,* 2013). Mucinous adenocarcinoma represents the malignant form of cystic neoplasm of appendix (Stocchi *et al.,* 2003). Extraperitoneal presentation of the condition is very rare (Ioannidis *et al.,* 2012). We present a case of a 45 year old man presented with extraperitoneal mucinous adenocarcinoma which got secondarily infected forming psoas abscess.

CASE REPORT

A 45-year-old male patient, presented to the surgical emergency with a history of progressive fullness and pain right side of abdomen for last 1 month. He gave history of fever with multiple episodes of vomiting. He complained of weight loss and decreased appetite. On examination, he was thinly built, conscious, cooperative and alert, with blood pressure of 116/74 mmHg. Pulse rate 70 beats per minute. Examination of his abdomen revealed a non tender mass over right iliac fossa extending to lumbar region. Psoas test was positive. Biochemical analysis revealed Haemoglobin 8.4 g/dL, TLC 17200 cells/mm^3, B. Urea 75mg/dL, S. Creatinine 3.5 mg/dL, rest all investigations were normal. USG abdomen showed liver abscess 40cc right lobe and septated collection in right psoas region. Patient was diagnosed as a case of right psoas abscess and planned for drainage of abscess. Intraoperatively about 1L of fowl smelling purulent material was drained and sent for culture. Drain was placed. Patient recovered well on intravenous antibiotics. Drain was removed on 4th day and he was discharged on 11th day. Patient again presented in surgical emergency 20 days after discharge with purulent material leaking from the previous incision site and non passage of faeces and flatus. A well defined lump was there in right lumbar region and right iliac fossa. Patient was planned for CECT abdomen. CECT findings are: Mild hepatomegaly with fatty changes in liver, lobulated septated hypodense lesion with thick enhancing wall in segment 6 of liver. There is minimal soft tissue collection in perihepatic and subcapsular region. A thick walled enhancing lesion in spleen. Soft tissue collection in perisplenic region was noted. A large, lobulated, septated and hypodense lesion with thick enhancing wall involving right psoas and iliacus muscle was observed extending up to right perirenal region and right posterolateral abdominal wall. Soft tissue heterogenesity and fatty streakiness in omental fat plane: inflammatory/ infiltrative pathology. Considering the above findings patient was again planned for drainage of psoas abscess. Intraoperatively jelly like material was drained from the retroperitoneum.

****Corresponding author:*** **Dr. Hitesh Kumar**
Department of General Surgery, NDMC Medical College & Hindu Rao Hospital, New Delhi, India.

The material was sent for histopathological examination which revealed features suggestive of mucinous adenocarcinoma. The histopathology report explains all the symptoms of the patient. During postoperative period patient was counseled regarding the course of the disease and treatment options available but he decided to go back to his village for terminal care.

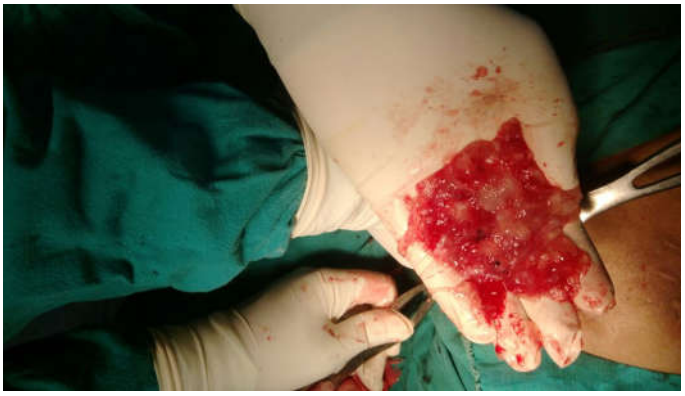

Figure 1.

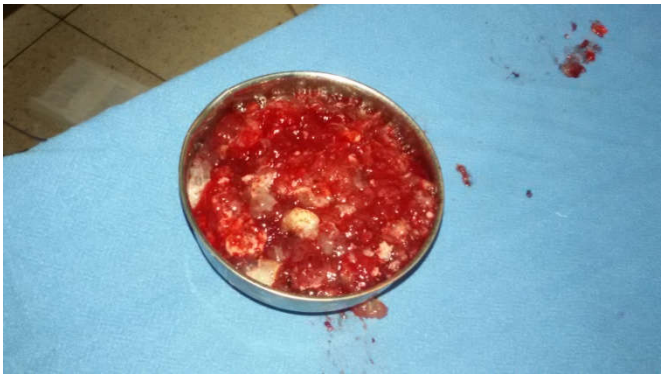

Figure 2.

DISCUSSION

Pseudomyxoma was first described by Werth in 1884 as an unusual jelly like substance formed by ovarian neoplasm (Werth, 1884). In 1950 Coppini was first one to describe retroperitoneal pseudomyxoma (Coppini, 1950), while the first description was given by Brady et al. reporting a case of pseudomyxoma retroperitonei in 1986 (Brady *et al.,* 1986). Pseudomyxoma peritonei is one of the rare conditions seen by a clinician in his surgical carrier, out of which the one confined to retroperitoneum is seen by only few. There are only few cases reported worldwide. Both pseudomyxoma peritonei and retroperitonei are believed to be arising from the mucinous neoplasm of appendix and ovary which burst to release the neoplastic cells into peritoneum and retroperitoneum (Smeenk *et al.,* 2007; Smeenk *et al.,* 2008). Although it can originates from ovary and colon but pseudomyxoma retroperitonei is usually caused by the rupture of mucinous cystadenocarcinoma of retrocaecally located appendix (Ioannidis *et al.,* 2012; Chamisa, 2011). although in our case histopathological confirmation of the involvement of appendix is not present but as the patient is male and colonic origin is one of the rarest finding, so indirect evidences suggest that the appendix is the source of spread of the mucin producing cells which get secondarily infected forming the abscess. Pseudomyxoma peritonei usually present as abdominal distension, palpable lump and weight loss (Ioannidis *et al.,* 2012; Chamisa, 2011; Cakmak *et al.,* 2011). In our case patient presented with abdominal distension, palpable lump, features of obstruction and a large psoas abscess. Although abscess formation and spontaneous skin fistula formation are also reported (Ioannidis *et al.,* 2012; Chamisa, 2011). but the one leading to psoas abscess formation is not reported till date. Patient underwent Ultrasonography and CECT abdomen which revealed soft tissue densities and a large collection in right psoas region. Studies reveal that both pseudomyxoma peritonei and retroperitonei looks similar in CECT (Rajiah *et al.,* 2011). Pseudomyxoma has been classified histopathologically in to benign disseminated peritoneal adenomucinosis or grade I, the malignant peritoneal mucinous carcinomatosis or grade III and the intermediate subtype or grade II (Smeenk *et al.,* 2007; Smeenk *et al.,* 2008). The treatment of both pseudomyxoma peritonei and retroperitonei is surgical with resection of all the involved viscera and decreasing the tumor load, followed by adjuvant systemic chemotherapy (Ioannidis *et al.,* 2012). The best outcome with no recurrence is reported in only few cases where complete excision of the mass is possible (Solkar *et al.,* 2004). The use of HIPEC (hyperthermic intraperitoneal chemotherapy) is limited to few centers only and its use in retroperitoneum is not reported. The condition is known for high recurrence rate and poor prognosis. In our case as the disease was already progressed extensively and when poor prognosis was explained to the patient, he decided to go for terminal care.

Conclusion

Pseudomyxoma retroperitonei is an extremely rare condition arising from appendiceal mucinous neoplasm with high recurrence rate and poor prognosis. The condition can occur because of the retrocaecal location of the appendix. Our aim in presenting this case is to increase the awareness among clinicians about the rare presentation of pseudomyxoma retroperitonei as psoas abscess.

REFERENCES

Brady MB, Ewing RH, Robinson AE, Dowling EA. 1986. Flank mass and pain in a 72-year-old man. *Invest Radiol.,* 21:419-23.

Cakmak A, Karakayali F, Bayar S, Unal E, Akyol C, Kocaoglu H. 2009. Pseudomyxoma retroperitonei presenting with a skin fistula. *Turk J Gastroenterol.,* 20:7980.

Chamisa I. 2011. Pseudomyxoma extraperitonei of ovarian origin mimicking a psoas abscess. *Gynecol Surg.,* 8:373-5

Coppini B. 1950. Su di un rarissimo caso di pseudomixoma retroperitoneale di probabile origine appendicolare. *G Clin Med.,* 31:601-12.

Ioannidis O, Cheva A, Paraskevas G, Papadimitriou N, Konstantara A, Chatzopoulos S, et al. 2012. Pseudomyxoma retroperitonei: Report of 2 cases and review of the literature. *Rev Esp Enferm Dig.,* 104:268-75.

Michael J Zinner, Stanley W Ashley, 2013. Cystic neoplasm and pseudomyxoma peritonei. In; *Maingot's Abdominal Operations*: 12th edition: The McGraw Hill Companies, Inc., p. 640-641.

Rajiah P, Sinha R, Cuevas C, Dubinsky TJ, Bush WH Jr, Kolokythas O. 2011. Imaging of uncommon retroperitoneal masses. *Radiographics*., 31:949-76.

Smeenk RM, Bruin SC, van Velthuysen ML, Verwaal VJ. 2008. Pseudomyxoma peritonei. *Curr Probl Surg.,* 45:527-75.

Smeenk RM, Verwaal VJ, Zoetmulder FA. 2007. Pseudomyxoma peritonei. *Cancer Treat Rev.,* 33:138-45.

Solkar MH, Akhtar NM, Khan Z, Parker MC. 2004. Pseudomyxoma extraperitonei occurring 35 years after appendicectomy: A case report and review of literature. *World J Surg Oncol.,* 2:19.

Stocchi L, Wolff BG, Larson DR, Harrington JR. 2003. Surgical treatment of appendiceal mucocele. *Arch Surg.,* 138(6):585-9

Werth R. 1884. Klinische und anatomische Untersuchungen zur Lehre von den Bauchgeschwiilsten und der Laparotomie. *Arch Gynik*., 24:110-8.

****