

Primary retroperitoneal mucinous cystadenoma - a rare entity

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Introduction: Primary retroperitoneal mucinous cystadenoma is rarely encountered in the paediatric age group and its histogenesis remains unclear owing to its rarity. We present the case of a primary retroperitoneal mucinous cystadenoma in a 15-year-old girl.

Case Report: A 15-year-old female was referred from an external hospital with complaints of progressively enlarging left sided abdominal mass over the course of six months associated with intermittent dull aching pain. She has no other symptoms and reported a good appetite. Upon review, patient appeared well with normal vital signs. Palpation of the abdomen revealed a nonballotable mass with well-defined borders measuring 14 x 12 cm. Digital rectal examination was normal. Blood investigations showed White Blood Cell count 10.3 x 10^9/L, Haemoglobin 134 g/L, Platelet 277 x 10^9/L with normal liver and renal function tests. Computed tomography revealed a large cystic mass at the left lumbar region measuring 7.8 x 10.3 x 12.1 cm causing mass effect to surrounding intraperitoneal organs and abutting the left common iliac vessels. She was subjected to an elective midline laparotomy and left ureteric stenting. Intraoperatively, a single large retroperitoneal cyst measuring 14 x 12cm with a clear plane from the adjacent vessels was found, other intraperitoneal and pelvic organs were normal. The cyst was enucleated completely intact.



Figure 1: Uniloculated cyst causing displacement of intraperitoneal structures.

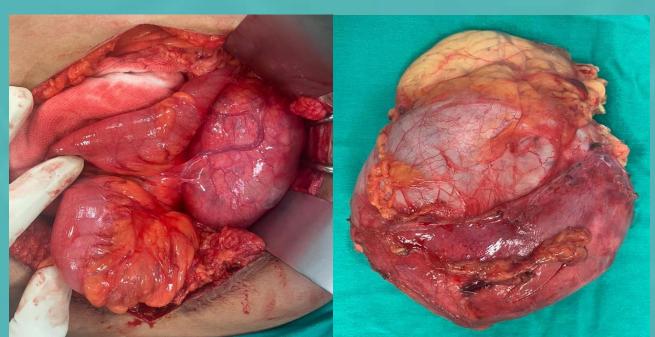


Figure 2: Well delineated cyst in the retroperitoneum enucleated completely intact.

Histopathological analysis showed a unilocular cyst containing clear fluid with fibro-collagenous cyst wall lined by cuboidal and mucus secreting columnar epithelium. The stroma was densely cellular and collagenous with closely packed spindle cells with no evidence of malignancy. The stromal spindle cells stained positive for oestrogen receptor (ER), whereas the cuboidal cells stained positive for both oestrogen receptor (ER) and calretinin as well. The cyst was concluded to be a primary retroperitoneal mucinous cystadenoma. Patient had an uneventful recovery and was discharged well on day three postoperatively. Left ureteric stent was removed in an outpatient setting and she has remained well since.

Conclusion: Primary retroperitoneal mucinous cystadenomas are a rarely encountered neoplasm and usually take a benign course of disease. This is the largest cyst reported in the paediatric age group to our best knowledge. Treatment of choice is by surgical excision with good prognosis and outcome.