

Retroperitoneal ganglioneuroma (GN) encroaching diaphragm: Rare occurrence

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Purpose: Ganglioneuroma is the most benign neuroblastic tumor, originates from neural crest cell. The diagnosis can be very challenging because of its rarity and asymptomatic presentation. Although it is a benign tumor, few cases of metastatic GN have been reported in literature. We report a retroperitoneal GN in an 11 year old female patient encroaching left diaphragm.

Method: Patient was admitted with complaints of heaviness, dull aching pain in left upper abdomen and early satiety from 6 months. There was no history of fever, vomiting, hematuria or trauma. On examination, she was comfortable and nutritionally well. There was a large lump palpable in the left hypochondrial and lumbar region with slight movement with respiration. Computed tomography showed a large hypodense solid mass of 11.2 X 13.8 X15.7 cm at left supra-renal region with multiple specks of calcification, pushing kidney, renal vessels and spleen inferiorly, diaphragm superiorly and gastro-esophageal junction anteriorly. Mass was reaching up to midline lifting the abdominal aorta anteriorly and medially. Left adrenal was not separately seen. All laboratory examinations were within normal range including serum cortisol, urine level of catecholamines and their metabolites. Histological examination of trucut biopsy specimen was consistent with GN.

Result: Patient was operated and complete mass along with part of left diaphragm was excised during surgery. Mass was arising from retroperitoneum and left adrenal was normal. Left diaphragm was pushed superiorly and encroached by mass and could not be separated from it. Histopathology further confirmed the diagnosis. There was no positive lymph node. Patient is doing well after 10 month of follow-up without any local or remote recurrence.

Conclusion: A retroperitoneal GN is rare; mostly asymptomatic and diagnosis is usually not assisted by imaging studied. It is achieved only by means of histological evaluation. The prognosis is excellent after complete surgical excision.

Biography

Basant Kumar has completed his M.S (General Surgery) from King George Medical University, Lucknow, India in 2005 and M.Ch (Pediatric Surgery) from Sir Padampat Mother & child Health Institute, S.M.S. Medical College, Jaipur, Rajasthan, India in 2008. He is working as Associate Professor in the department of Pediatric Surgery; Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, India. He has published more than 20 papers in reputed journals and has been serving as Executive member of State association of pediatric surgeons.

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