

Soft-tissue images. Retroperitoneal venous angioma

A 39-year-old patient presented complaining of heartburn and abdominal pain for 7 days. The pain was continuous in the epigastrium and right hypochondrium and radiated to the back. It was accompanied by nausea and vomiting, and a postprandial sensation of fullness. A right upper quadrant abdominal mass was palpable, and abdominal ultrasonography and computed tomography showed a solid-cystic mass, 12 cm in dimension, with septations (Fig. 1) that appeared to be suspended from the hilum and right hepatic lobe. This was compatible with a diagnosis of hepatic hydatid cyst, but serologic testing gave negative results for hydatid disease.

At operation, a mobile retroperitoneal mass surrounded the hilum,

duodenum and head of the pancreas. It was totally removed, together with the gallbladder separating it from the hepatic artery, biliary tract, porta hepatis and duodenum. A Kehr tube was left in the common bile duct. Pathological examination showed a cyst measuring 10 × 7 cm with a reddish wall and elastic consistency and containing internal deposits of hematic material. The wall of the cyst contained fibrous tissue covered with mesothelium, with adherent hemorrhagic material in various stages of organization. There were smooth elastic muscle fibres with irregular orientation and distribution. In some regions there were areas of mucoid degeneration and foci of chronic inflammation with calcification (Fig. 2). The diag-

nosis was benign venous angioma.

Primitive retroperitoneal tumours are an uncommon group of neoplasms. It is estimated that they make up between 0.07% and 0.6% of all tumours.^{1,2} A large percentage are malignant, with sarcomas being the most common.^{1,2} Benign retroperitoneal tumours are the exception. Angiomas or hemangiomas are vascular formations that may occur in any part of the body and are rare in the retroperitoneum.

References

1. Braasch JW, Mon AB. Primary retroperitoneal tumors. *Surg Clin North Am* 1967; 47:663-78.
2. Papanicolaou N, Yoder IC, Lee MJ. Primary retroperitoneal neoplasms. How close can we come in making the correct diagnosis? *Urol Radiol* 1992;14:221-8.



FIG. 1.

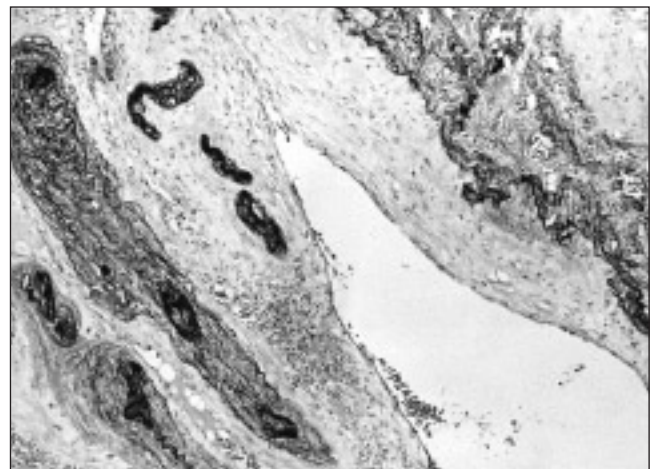


FIG. 2.

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