



Case Report

UNDIFFERENTIATED CARCINOMA OF THE MESENTERY IN A 51 YEAR OLD MALE : A CASE REPORT

Din Mohammad¹, Sharmin Islam²

Abstract:

Mesenteric tumors are rare and consist of a heterogeneous group of lesions. Among them undifferentiated carcinoma of the mesentery is very rare entity. Here we present a case of undifferentiated carcinoma of the mesentery in a 51 year old male presented with rapidly increasing huge abdominal lump, central abdominal pain and weight loss. Ultrasound of the whole abdomen and CT scan of whole abdomen reports were suggestive of retroperitoneal mass. The tumor was resected and histopathology report was suggestive of malignant mesothelioma whereas immunohistochemistry report revealed undifferentiated carcinoma of the mesentery.

Key words: undifferentiated carcinoma, the mesentery, mesothelioma.

Introduction

Mesenteric tumors are uncommon lesions that are generally considered inclusive of similar lesions of the omentum¹. These lesions may be cystic or solid, and they may demonstrate malignant or benign clinical behavior. Solid primary tumors of the mesentery are rare. Incidence range from 1 case per 200,000-350,000 population. Mesenteric tumors have been described as cystic in 40-60% of cases². Malignant primary mesenteric tumors are extremely uncommon. Approximately two thirds of malignant mesenteric tumors are mesenchymatous (most characterized as leiomyosarcoma or liposarcoma), while the remainder are primarily lymphomas^{3,4}. Undifferentiated carcinoma is a usually aggressive, malignant epithelial neoplasm composed of atypical cells, which do not display evidence of glandular, squamous, or urothelial

cell differentiation.⁵ We present a case of a 51 years old man with undifferentiated carcinoma of the mesentery presenting with a huge abdominal mass the first reported case in Bangladesh.

Case Report: A 51 year old male presented with rapidly growing lump in the central abdomen for 3 months, dull aching central abdominal pain for 2 months, significant weight loss (5kg) within last 2 months.(Fig 1)



Figure1 : Huge abdominal lump

1. Assistant Professor, Department of Surgery, Shaheed Suhrawardy Medical College, Hospital, Dhaka.
2. Medical Officer, Department of Casualty Surgery, Dhaka Medical College, Hospital, Dhaka.

Address of Correspondence: Dr. Din Muhammad, Assistant Professor, Department of Surgery, Shaheed Suhrawardy Medical College, Hospital, Dhaka. Email: dr.din_zip@yahoo.com

There was no history of fever, anorexia, vomiting, alteration bowel habit, hematemesis, melaena, hematochezia or hematuria. On examination, there was an intra-abdominal lump approx. 20x12 cm in size and occupying hypogastric, both iliac, lumbar, umbilical and part of epigastric region. The lump was variegated in consistency and mildly tender. Surface of the lump was irregular with ill defined margin but upper and lower limit could be reached. The lump was non pulsatile, slightly mobile from side to side, but not above downward and did not move with respiration. There was no other organomegaly, no ascites. Digital rectal examination revealed no abnormality. Ultrasound of whole abdomen revealed retroperitoneal mass compressing the abdominal aorta with mild ascites. CT scan of abdomen also suggestive of retroperitoneal mass (Fig 2,3)

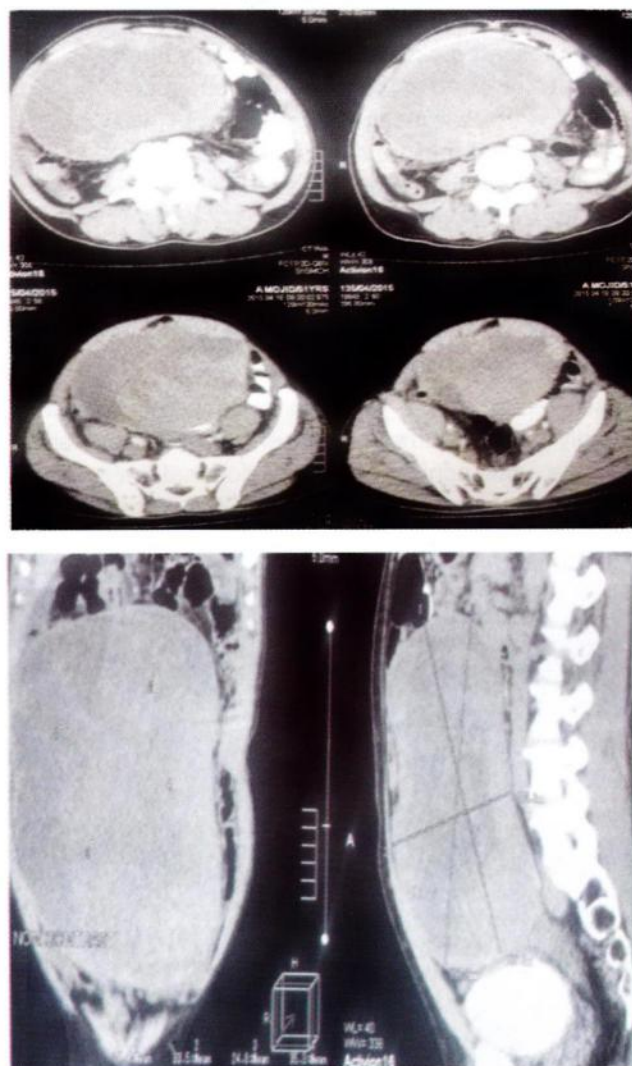


Figure 2 & 3: CT scan of the abdomen showing huge mixed density mass lesion.

During operation abdomen was opened by midline incision and a large mass of approx.20X15 cm in size

was found arising from 'The Mesentery' attached to Jejunum. Tumour mass and adjacent jejunum was resected completely keeping the healthy margin. Continuation of gut was maintained by end to end anastomosis. Postoperative recovery was uneventful. Histopathology report revealed Mesenteric tumour mass-consistent with malignant mesothelioma. Review of histopathological slides revealed undifferentiated malignant neoplasm. Impression on immunohistochemistry was Undifferentiated carcinoma. Chemotherapy was given according to the oncological consultation. Patient is under our regular follow up for last 6 months and found healthy.

Discussion

Mesenteric tumors are rare and consist of a heterogeneous group of lesions. Masses may arise from any of the mesenteric components: peritoneum, lymphatic tissue, fat, and connective tissue⁶. Malignant primary mesenteric tumors are extremely uncommon. One third to one half of all mesenteric masses are malignant tumors. Approximately two thirds of malignant mesenteric tumors are mesenchymatous (most characterized as leiomyosarcoma or liposarcoma), while the remainder are primarily lymphomas. But undifferentiated carcinoma of the mesentery is a very rare entity.

Clinical findings and symptoms associated with mesenteric tumors of all types are related to the presence of a mass lesion. Obstructive symptoms are generally late findings in malignant mesenteric tumors and large benign tumors. Pain is the principal presenting symptom, a palpable mass may also be present. Nausea, vomiting, diarrhea, bloating, and constipation have also been described with mesenteric tumors. Patients with mesenteric tumors exhibit signs and symptoms of intestinal obstruction; however, in contrast to primary tumors of the intestine, much bulkier disease may be present before obstructive findings are encountered. In our case, preoperative investigations failed to reach the diagnosis. Therefore exploratory laparotomy was done and resected specimen was sent for histopathology. Final diagnosis was made after immunohistochemistry.

Characterization of protein markers of this tumor type has indicated that they are phenotypically very similar to the GIST group and are less frequently phenotypically related to retroperitoneal leiomyosarcomas. The absence of a detectable primary intestinal tumor signifies a primary mesenteric origin of the lesion. In our case, only Pan-cytokeratin(Clone AE/AE3) marker was found positive, therefore report was suggestive of undifferentiated carcinoma of the mesentery.

Conclusion

Undifferentiated carcinoma of the mesentery is a very rare entity. Proper history, clinical examination and proper knowledge as well in interpreting the imaging findings have no alternative for diagnosis such cases.

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