Case report

A CASE OF ABDOMINAL WALL DESMOID TUMOUR OVER APPENDICECTOMY SCAR

Vijaya Kumar, Sarbeshwar Bhuyan,

House Number 1-4-155/134, Jyothi Colony, Raichur – 584101
Associate professor, AMCH, DIBRUGARH - 786001, Department of General Surgery, Assam Medical College, Dibrugarh, Assam, INDIA.

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ABSTRACT

Background: Desmoid tumors are slow growing deep fibromatoses with aggressive infiltration of adjacent tissue but without any metastatic potential(1,2,3). Case Presentation: We report a female patient with desmoid tumor of the abdominal wall over appendicectomy scar who underwent primary resection. Preoperative evaluation included abdominal ultrasound, and computed tomography. The histology of this cases revealed a desmoid tumor. Conclusion: Complete surgical resection is the first linemangement of this tumor entity.

MATERIALS AND METHOD

It is a rare case study from Department of General Surgery, Assam Medical College, Dibrugarh.

CASE PRESENTATION

A 23-year-old female recognized a right lower abdominal wall swelling. In her history she reported an appendectomy 2 years ago and a pregnancy 9 months back. On clinical examination, a firm, nontender lump of about 15 cm x 10 cm x 8 cm arising from abdominal wall occupying Rt iliac fossa, hypogastric region and umbilical region.

Preoperative ultrasound showed heterogenous mass lesion arising from anterior abdominal wall taling minimal vascularity, computed tomodraphy scan revealed a mass lesion isodense to muscle noted arising from anterior abdominal wall originating from the rectus abdominis with loss of fat plane in preperitoneal layer possibly desmoid tumor. Resection of the tumor with 3 cm wide margin and the defect was covered with a vipro-Mesh. Biopsy report came out to be desmoid tumor.

The postoperative course was uneventful and the patient was discharged at the 8th postoperative day.

DIFFUSION

Desmoid tumor, also known as aggressive fibromatosis, is a rare tumor. They can be divided into five subgroups: extraabdominal, intraabdominal, multiple, multiple familial and as part of Gardner's syndrome. Extraabdominal desmoid tumors have a wide distribution; the shoulder girdle, abdominal wall and lower extremities are most commonly involved. The histologic findings in these lesions are identical. Abdominal wall desmoid tumors arise from musculoaponeurotic structures of the abdominal wall, especially the rectus and internal oblique muscles and their fascial coverings, and occasionally cross the midline. The commonest groups associated with these tumors are young women during or after pregnancy. The fibroblast has been shown to exhibit a proliferative response to estrogen. Most of the abdominal wall desmoids measure 5 cm by 15 cm in diameter. On C T appear homogeneous or heterogeneous and hypo-, iso-, or hyperintense compared with the attenuation of muscles. In our case it was mass lesion isodense to muscle. MRI findings include poor margination, low signal intensity on T1-weighted images and heterogeneity on T2-weighted images, and variable contrast enhancement. Definitive diagnosis must be established with histopathologic analysis. Wide local excision followed by reconstruction of the defect is the treatment of choice. Incomplete tumor removal or involved excision margins may lead to local recurrence. Abdominal wall desmoid tumors have a significantly lower recurrence rate. Radiation therapy is used in patients with inoperable tumors, local recurrences or incompletely excised lesions. Chemotherapy and endocrinotherapy is under trial.
CONCLUSION

Desmoids tumor over appendicectomy scar is extremely rare condition. The diagnosis of desmoids tumor should be strongly considered in female patients with an abdominal mass and a history of previous abdominal surgery.

REFERENCE