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PHOTO QUIZ

# A pubic mass

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## CASE REPORT

A 71-year-old woman, receiving palliative treatment for pancreatic carcinoma, presented with pain in her right leg. Her medical history included diabetes type 2, hypertension, aortic bifurcation graft surgery in 2005, a femoro-femoral crossover graft in 2007 and metastatic pancreatic carcinoma since 2006.

She had been complaining about pain in her upper right leg for several months, which worsened by movement. The patient related the pain to a swelling on her lower abdomen. The swelling had been there for a couple of years and was of unknown cause.

Physical examination showed two adjacent round lumps of about 7 x 7 cm at her pubic bone. The mass was painless, had a firm consistency and was nonpulsatile (*figure 1*). A computed tomography (CT) scan of the abdomen showed a large collection of fluid in front of the pubic bone with contrast in the centre (*figure 2*).

**Figure 1.**

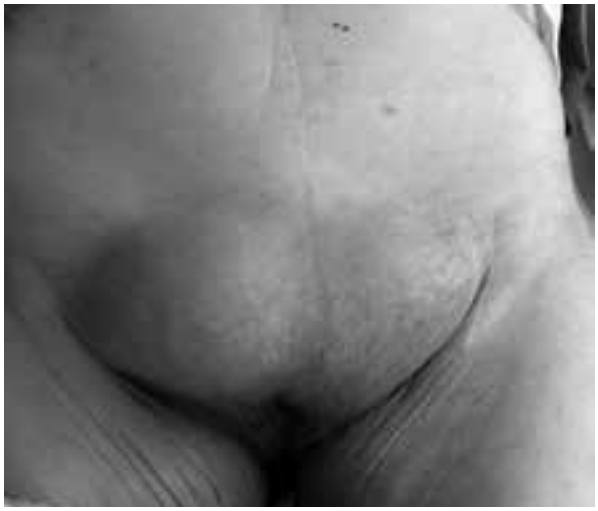
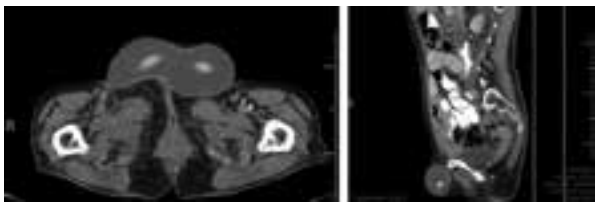


**Figure 2.**



## WHAT IS YOUR DIAGNOSIS?

See page 378 for the answer to this photo quiz.

ANSWER TO PHOTO QUIZ (PAGE 374)

A PUBIC MASS

## DIAGNOSIS

The mass consisted of a fluid collection around the femoro-femoral crossover, which had been placed in 2007. The crossover was still functional.

Multiple cases of periprosthetic fluid collection have been described, mostly with an aortic prosthesis. In these patients a fluid collection will not be noticed except in case of secondary infection. However, the graft in our patient was localised close to the skin and the fluid collection was clearly visible.

Perigraft haematomas shortly after surgery are a common phenomenon of an aortic graft, with reports of up to 90%, which in most cases resolve over time.[1]

Perigraft seromas, which can appear even months after surgery, are rarely recognised, but exist in 18-50% of patients.[2,3] Influencing factors are diabetes, smoking and anticoagulation therapy. The pathophysiology is not well understood. It could be caused by an immunoallergic reaction to the graft or due to modification of the permeability of the prosthetic wall.

The clinical course of these fluid collections is variable: some resolve, others are stable and some enlarge.[2]

In case of infection of the fluid collection, intervention is needed. It seems that drainage is not enough to relieve symptoms and replacing the graft is the treatment of choice.[2]

Our patient had diabetes as a risk factor for a perigraft seroma. As her pancreatic cancer was progressive we decided not to perform a surgical intervention.

## REFERENCES

1. Spartera C, Morettini G, Petrassi C, et al. Role of magnetic resonance imaging in the evaluation of aortic graft healing, perigraft fluid collection, and graft infection. Eur J Vasc Surg. 1990;4:69-73.
2. Hurie J, Patel HJ, Criado E, et al. Postoperative fluid collection after hybrid debranching and endovascular repair of thoracoabdominal aortic aneurysms. J Vas Surg. 2011;54:1623-8.
3. Kadakol AK, Nypaver TJ, Lin JC, et al. Frequency, risk factors, and management of perigraft seroma after open abdominal aortic aneurysm repair. J Vasc Surg. 2011;54:637-43.