

Bilateral abdominal mass

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A 58-year-old man presented with abdominal distension of four months duration. On examination, a ballotable abdominal mass was palpable on both sides of the abdomen. Computer tomography (CT) of the abdomen and pelvis revealed deformed kidneys almost encased by a bulky soft-tissue dense mass bilaterally (*figure 1*). CT of the chest was normal. Renal function tests were normal. CT-guided biopsy from the mass showed collagen-forming spindle cells.

WHAT IS YOUR DIAGNOSIS?

See page 486 for the answer to this photo quiz.

Figure 1A. Computer tomography (CT) of abdomen and pelvis showing deformed kidneys almost encased by a bulky soft-tissue dense mass bilaterally



ANSWER TO PHOTO QUIZ (PAGE 482)

BILATERAL ABDOMINAL MASS

DIAGNOSIS

CT-guided biopsy from the mass showed a collagen-forming spindle-cell lesion suggestive of fibromatosis. A diagnosis of fibromatosis involving both kidneys was made. Fibromatosis or desmoid tumour covers a broad spectrum of benign fibrous tissue proliferations. Fibromatosis is usually characterised by infiltrative growth and a tendency towards recurrence. It never develops metastasis.¹ It can occur in a variety of anatomic locations such as intra-abdominal, retroperitoneal or in the thoracic wall. However, solitary occurrence of fibromatosis involving both kidneys has not been reported.

Association with surgical trauma and familial adenomatous polyposis (Gardner syndrome) has been reported.²

Complete resection is the therapy of choice for fibromatosis.³ Radiation therapy is accepted as an effective treatment after incomplete resection. Adjuvant therapy using non-steroidal anti-inflammatory drugs (NSAIDs),

tamoxifen, interferon, antineoplastic agents is not promising.

Since our patient had only minimal symptoms with preserved renal function, no active treatment was given and he was put on follow-up. The patient has been asymptomatic for the past four years of follow-up.

REFERENCES

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