Extrarenal Angiomyolipoma: differential diagnosis of retroperitoneal masses

Marcelo Wroclawski 1, Willy Baccaglini 2, Cristiano Linck Pazeto 2, Cristina Carbajo 2, Chaline Matushita 2, Arie Carneiro 2, Alexandre Pompeo 2, Sidney Glina 2, Antonio Carlos Lima Pompeo 2, Lívia Barreira Cavalcante 3

1 Hospital Israelita Albert Einstein, São Paulo, SP, Brasil; 2 Departamento de Urologia, Faculdade de Medicina do ABC, Santo André, SP, Brasil; 3 Centro de Imuno-Histoquímica, Citopatologia e Anatomia Patológica (CICAP) São Paulo, SP, Brasil

INTRODUCTION

Angiomyolipomas (AML) are benign mesenchymal tumors of unknown origin, that consist of mature adipose tissue, muscle fibers and blood vessel with thickened wall (1).

Renal AMLs represent 1% of renal tumors. However, extra-renal AMLs are extremely rare, and 60 cases have been described. Most extra-renal AMLs were observed at liver (18 patients) and at retroperitoneum (16 cases) (2). We report a retroperitoneum extra-renal AML.

CASE REPORT

A fifty-one years old man with right lumbar pain for one day was submitted to computer tomography that showed an incidental left retroperitoneal nodule, in close contact to ipsilateral adrenal gland.

Magnetic resonance confirmed the presence of a heterogeneous nodule, close to left adrenal, hypervascularized, with sparse focus with loss of signal in sequences with fat saturation, with approximately 2.4x2.1cm (Figures 1 and 2). Blood analysis excluded a functional adrenal tumor.

The lesion was excised by transperitoneal laparoscopy without complications, and it was diagnosed a mesenchymal lesion compatible to AML, confirmed by immune-histochemical assay (Table-1 and Figure-3).

DISCUSSION

AMLs are mainly asymptomatic incidentalomas. However, it was reported spontaneous...
bleeding (particularly in tumors with >4cm diameter), thromboembolic events and compression of adjacent structures (3-6). Also, the risk of malignization of such tumors is unknown.

Most reported retroperitoneal AMLs include symptomatic and big tumors (2); the present tumor was a small incidental lesion.

Image exams with presence of macroscopic fat are not conclusive, since liposarcoma represent most of retroperitoneal sarcomas adjacent to adrenal gland that can be confused to myelolipoma, particularly in well-defined lesions such as the one here described (7). Other possible diagnosis include lipomas, lymphoma, adenocarcinoma metastasis and germ cell tumors, extra-gonadal dermoid cyst, hibernomas and lipoblastomas, among others (8).

Percutaneous biopsy may be inconclusive; therefore, treatment of choice must be excision, preferably by minimally invasive technique. In the present case, lesion excision allowed histologic confirmation, preclude follow-up with image exams and had low morbidity to patient.

It is not uncommon the need of immunohistochemical exams for diagnosis, due to histologic similarities with other tumors, such as liposarcoma, leiomyoma and lipoma (9).
CONFLICT OF INTEREST

None declared.

REFERENCES


Correspondence address:
Willy Baccaglini, MD
Departamento de Urologia
Faculdade de Medicina do ABC
Rua Tancredo do Amaral, 131/ 83
Santo André, SP, 09015-430, Brasil
Telephone: +55 11 9545-48968
E-mail: wbaccaglini@gmail.com

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