



A Curious Case of Pseudomyxoma Extra Peritonei

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ABSTRACT: Pseudomyxoma peritonei, a rare condition consisting of intraperitoneal mucinous tumors and ascites, most commonly arises from mucinous tumors of the appendix. Very rarely, mucinous deposits arise in the retroperitoneum without intraperitoneal involvement. This has been termed pseudomyxoma extraperitonei. It is a rare and poorly understood condition that is heterogeneous in its clinical behavior, and only a few cases presenting as localized disease in the retroperitoneum have been reported .

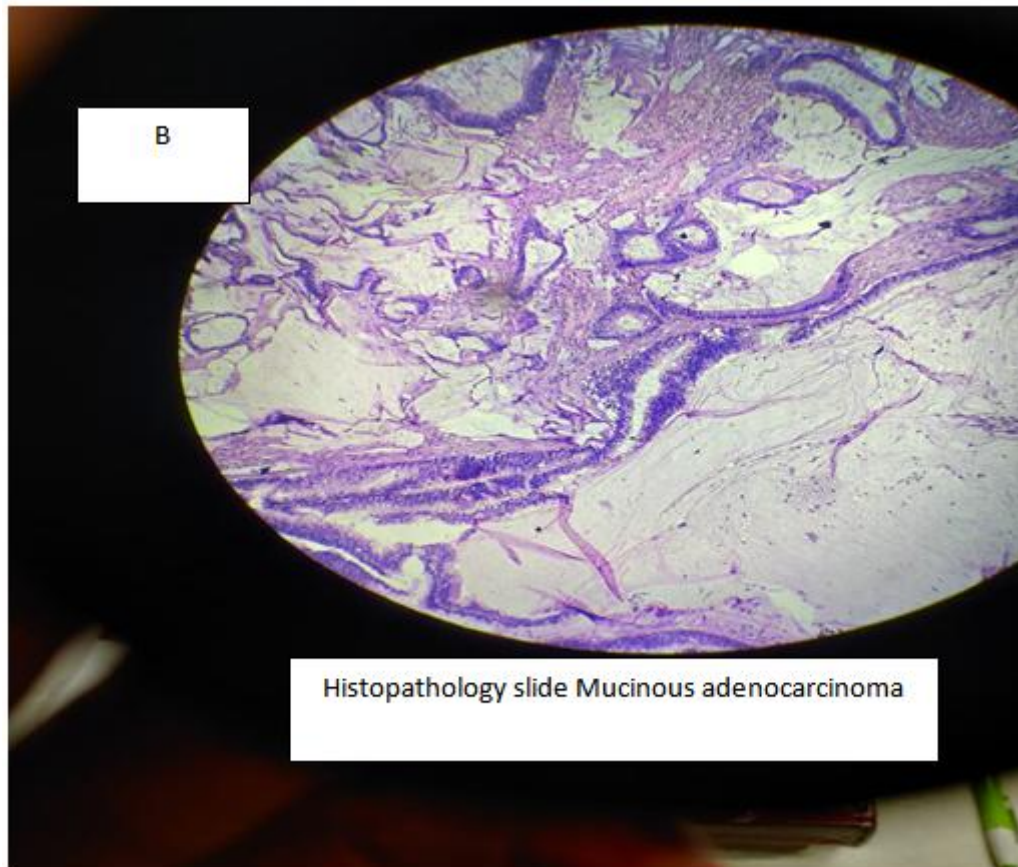
Keywords-Pseudomyxoma ExtraPeritonei, Pseudomyxoma Peritonei, Psoas abscess, mucinous adenocarcinoma.

I. INTRODUCTION:-

Pseudomyxoma peritonei (PMP) is a rare neoplastic condition that is characterized by disseminated intraperitoneal mucinous tumors,

often with gelatinous ascites in the abdomen or pelvis, and usually secondary to an appendiceal mucinous tumor.1Occasionally, mucinous tumors in other sites, such as the colon, ovaries, pancreas, and urachus, are the culprits.2The entity of pseudomyxoma extraperitonei (PME) in which mucinous implants arise in the retroperitoneum without any intraperitoneal involvement is even more uncommon. Because the biological behavior of PMP has been plagued with controversy and confusing terminology, this condition poses challenges in diagnosis and management. 3 Clinically, its manifestations vary depending on the origin and location of tumors, which usually present with a variety of unspecific signs and symptoms





II. CASE REPORT:-

52 Year old male, came with complaints of Right lumbar swelling & pain since 1.5 months, cough since 8 months, wt loss around 15 kgs in last 8 months, evening rise of temperature since 8.5 months. He was on Antitubercular treatment considering clinically as Tuberculosis. But there were no tests showing, he was suffering from Tuberculosis. He admitted in BOMBAY HOSPITAL on 18/12/19. On examination :- Genral Condition- fair, afebrile. Per Abdomen - SOFT, tender in right lumbar region. Local examination - Right lumbar swelling of 15*10cm, oval in shape, local redness (+), local rise in temp(+), margins- well defined & distinct, firm in consistency, same consistency throughout the swelling, no movement with respiration, non-ballotable. cough impulse(-), non-reducible. Dull on percussion. Cardiovascular system, Central nervous system, Respiratory system- No any abnormality detected. Investigations- Patient came with outside CT (Abdomen + Pelvis) report showing large heterogenous peripherally enhancing hypodense collection in right psoas region with its imaging features suggestive of chronic psoas abscess. Findings are suggestive of infective

etiology most likely Koch's. As per CT report considering psoas abscess, patient operated on 19/12/20. Intra-operative findings: large quantity of myxomatous substance collected from right psoas region. Collected Myxomatous substance sent for HistoPathological Examination. On 24/12/19 Histopathological report came with mucinous adenocarcinoma deposits in right lumbar region. His CEA level were 198.3 (high), CA-19-9 (Normal). On 26/12/19- PET CT Done- showing FDG avid solid cystic soft tissue mass in the right lumbar region and iliac fossa appearing inseparable from the caecum and appendix infiltrating the adjacent structures suggestive of mitotic pathology. On 29/12/19 patient started on chemotherapy. Now patient is on chemotherapy, responding well. Radical surgery planned after 4 cycles of chemotherapy, subject to response to chemotherapy

REFERENCES:

- [1]. Amini A, Masoumi-Moghaddam S, Ehteda A, Morris DL. mucins in pseudomyxoma peritonei: patho physiological significance and potential theapeutic prospects. Orphanet J Rare Dis. 2014;9:71.]



- [2]. Baratti D, Kusamura S, Milione M, et al. Pseudomyxoma peritonei of extra-appendiceal origin: a comparative study. *Ann Surg Oncol.* 2016;23(13):4222–4230.]
- [3]. Nakakura EK. Pseudomyxoma peritonei: more questions than answers. *J Clin Oncol.* 2012;30(20):2429–2430
- [4]. Bonann LJ, Davis JG. Retroperitoneal mucocele of the appendix; a case report with characteristic roentgen features. *Radiology.* 1948;51(3):375–382.]
- [5]. Pietrantonio F, Perrone F, Mennitto A, et al. Toward the molecular dissection of peritoneal pseudomyxoma. *Ann Oncol.* 2016;27(11):2097–2103.]
- [6]. Smeenk RM, van Velthuysen ML, Verwaal VJ, Zoetmulder FA. Appendiceal neoplasms and pseudomyxoma peritonei: a population based study. *Eur J Surg Oncol.* 2008;34(2):196–201.]
- [7]. Edrees WK, Hannon RJ. Pseudomyxoma extraperitonei: a rare presentation mimicking an iliacus abscess. *Ulster Med J.* 1999;68(1):38–39
- [8]. Baker WC, Goldman LB, deVere White RW. Pseudomyxoma peritonei presenting as a scrotal mass. *J Urol.* 1988;139 (4):821–822.]