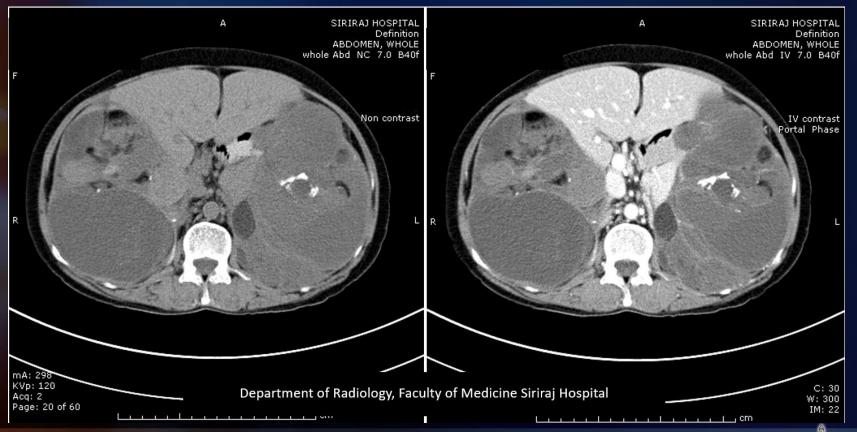
Case of the day: Case 3 - GU

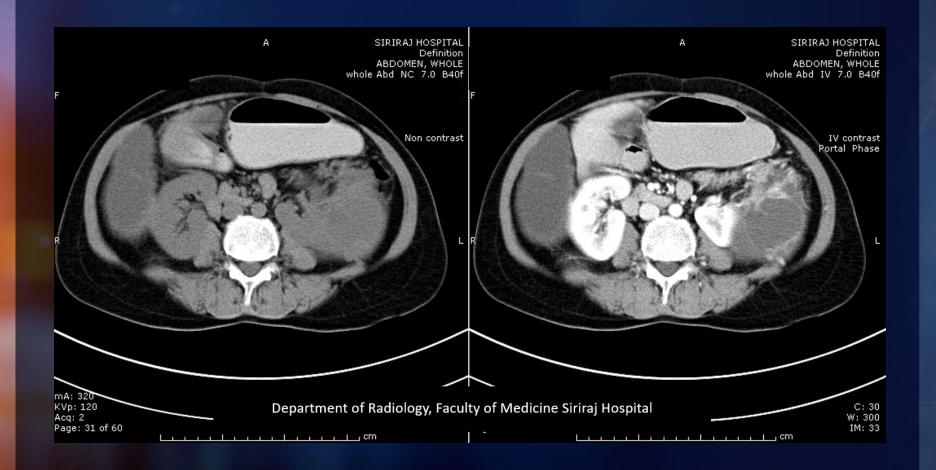
Courtesy AssistProf Shanigarn Thiravit, MD
Department of Radiology, Siriraj Hospital, Mahidol
University

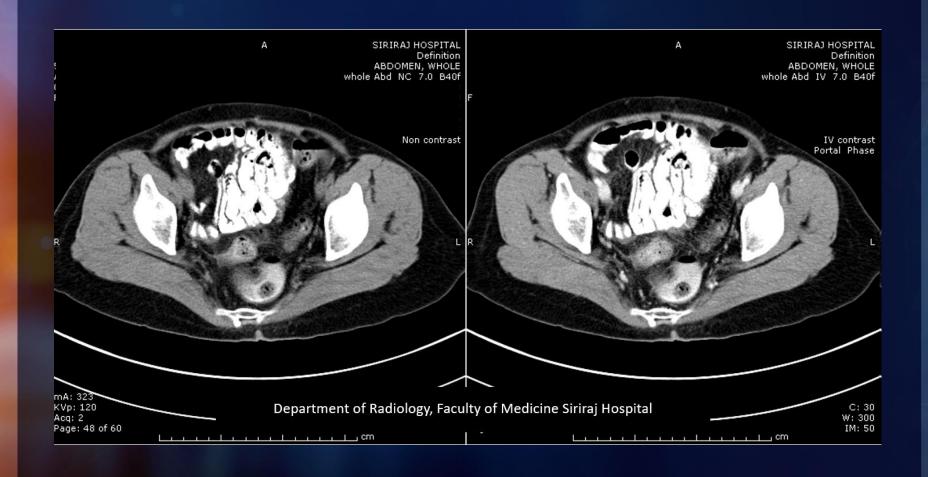


A 51 years old woman with history of ovarian cancer S/P surgery and chemotherapy for 25 years. She felt abdominal discomfort. Then, this CT was requested for evaluation.













Which of the following is the most likely diagnosis?

- A. Dedifferentiated Liposarcoma
- B. Well-differentiated Liposarcoma
- C. Mature teratoma
- D. Giant adrenal myelolipoma
- E. Renal angiomyolipoma associated with tuberous sclerosis



Findings

- Bilateral huge retroperitoneal masses which compose mostly of multiple thin septation, cystic component, scattered fat and coarse calcifications.
- Negative beak sign with kidneys.
- Difficult to see adrenal glands but likely be compressed.
- S/P hysterectomy without recurrence in pelvic cavity.





Nishino M, et al. Radiographics 2003;23(1):45-57



Final diagnosis

C. Mature teratoma

Pathological proven retroperitoneal mature cystic teratoma with cystic content containing keratinous material and hair



Differential fat- containing retroperitoneal masses

- Liposarcoma
- Retroperitoneal teratoma
- Adrenal myelolipoma
- Renal angiomyolipoma



Point of learning

- Identify location/ an organ of origin:
 - Beak sign, Phantom organ sign, Embedded organ sign, Prominent feeding artery sign.
- Depicts characteristic tumor components.
 - Fat component : Lipoma and liposarcoma (M/C in Retroperitoneum)
 - Fat with calcifications: Teratoma
 - Purely Cystic Portion: Lymphangioma, Cystic mesothelioma, Mullerian cyst, Epidermoid cyst, Tailgut cyst, cystic teratoma



Point of learning

	Myelolipoma	Teratoma
Calcification	Punctate	Bulky, tooth-like
Enhancing solid component	No	Yes
Fat component	greater than 80%	Lesser by up to 50%
Treatment	No resection, benign	Resection required, potentially malignant

Kataoka et al. Case Rep Urol 2016; 2016: 5141769



