ISSN: 2581 – 3633
PubMed - National Library of Medicine - ID: 101745081

International Journal of Medical Science and Advanced Clinical Research (IJMACR)

Available Online at:www.ijmacr.com

Volume – 9, Issue – 4, July – 2026, Page No.: 21 – 23

When The Retroperitoneum Conceals A Tumour - A Diagnostic Dilemma

[1]Dr Santosh Y Tumbad, Post Graduate, Dept. of General Surgery, KVG Medical College, Sullia, Karnataka

[2]Dr Gopinatha Pai, Professor and HOD, Department of General Surgery, K.V.G. Medical College, Sullia, DK, Karnataka.

[3]Dr Ranjith K B, Professor, Department of General Surgery, K.V.G. Medical College, Sullia, DK, Karnataka.

Corresponding Author: Dr Santosh Y Tumbad, Post Graduate, Dept. of General Surgery, KVG Medical College, Sullia, Karnataka.

How to citation this article: Dr Santosh Y Tumbad, Dr Gopinath Pai, Dr Ranjith K B, "When The Retroperitoneum Conceals A Tumour - A Diagnostic Dilemma", IJMACR – July – 2026, Volume – 9, Issue – 4, P. No. 21 – 23.

Open Access Article: © 2026 Dr Santosh Y Tumbad, et al. This is an open access journal and article distributed under the terms of the creative common's attribution license (http://creativecommons.org/licenses/by/4.0). Which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Type of Publication: Case Report

Conflicts of Interest: Nil

Introduction

- The retroperitoneum can conceal tumours for long periods due to its deep location and expansive anatomy, often resulting in vague and non-specific clinical presentations.
- The rarity of retroperitoneal tumours and their overlapping radiological features pose significant diagnostic challenges.
- This case highlights the importance of a high index of suspicion for timely diagnosis and management.

Objective

- To highlight the diagnostic challenges and clinical presentation of retroperitoneal tumours.
- To emphasize the role of imaging and complete surgical excision in achieving optimal outcomes

Case Summary

- A 47-year-old female presented with intermittent abdominal pain for two months.
- H/o loose stools and vomiting, h/o loss of weight (nonsignificant). No other significant history..
- On examination, firm, non mobile mass of size 4x3 cm present in the left lumbar and left iliac fossa.
- On carnetts test- decreased prominence of mass, suggestive of intra abdominal origin, on knee elbow position mass not falling forward.

USG: A well defined Solid cystic heterogeneously hypoechoic lobulated lesion measuring 3x5x3 cm in the left para aortic region.

PET CT: Large heterogeneously enhancing necrotic retroperitoneal lymph node mass with other smaller retroperitoneal and mediastenal lymph node suggestive of neoplastic etiology.

No evidence of other lesions anywhere else in the body.

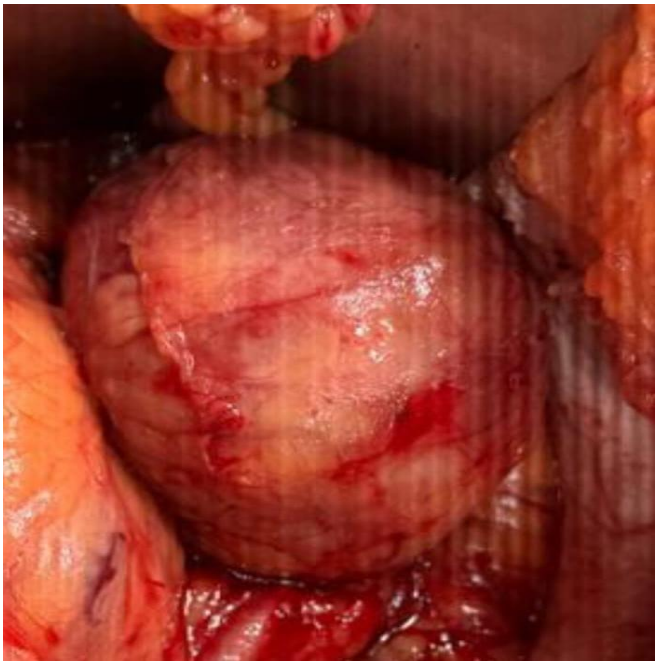

Figure 1

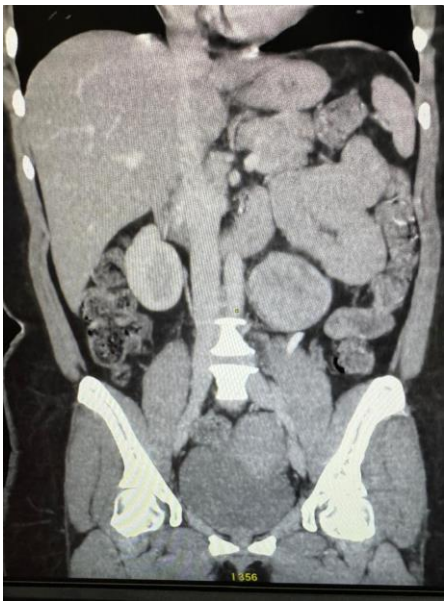

Figure 2

Management

1. Preoperative evaluation was done.
2. Patient was then posted for Retroperitoneal Tumour excision.

Intraoperatively

1. Tumour is closely aburtting the abdominal aorta,
2. Inferiorly extedning up to left kidney
3. And in close contact with inferior mesenteric vein origin.

- Specimen was sent for HPE- Spindle Cell Sarcoma.
- IHC awaited.
- Postoperatively, patient was stable with no complications.

Histopathological examination

Revealed spindle shaped cells, with focal areas showing elongated cigar-shaped nuclei. 1-3 mitotic figures per hpf observed. Tumour vells exhibit mild to moderate nuclear atypia. Nuclear features include nuclear enlargement, hyperchromasia and irregular nuclear contours.

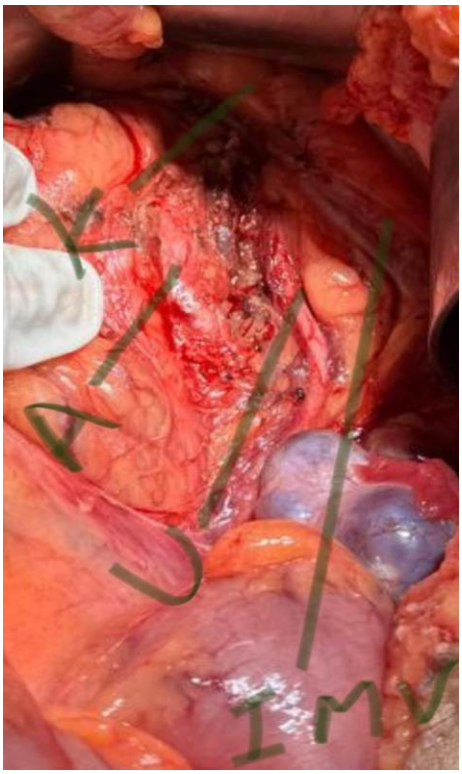

Figure 3

©2026, IJMACR

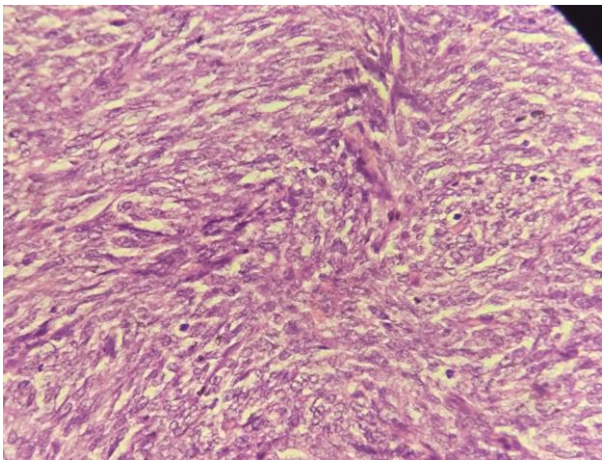

Figure 4

Discussion

- Retroperitoneal tumours are rare and often present late due to their deep anatomical location and nonspecific symptoms.
- Contrast-enhanced CT is essential for tumour localization and assessment though definitive diagnosis relies on histopathology.
- Complete surgical excision with negative margins remains the mainstay of treatment.
- Early recognition and meticulous surgical planning are crucial to reduce recurrence and improve outcomes.

Conclusion

- Retroperitoneal tumours pose significant diagnostic and surgical challenges due to late presentation and complex anatomy.
- Early suspicion, appropriate imaging, and complete surgical excision are key determinants of prognosis and long-term outcome.

References

1. Townsend CM Jr, Beauchamp RD, Evers BM, Mattox KL, editors. Sabiston Textbook of Surgery: The Biological Basis of Modern Surgical Practice. 21st ed. Philadelphia: Elsevier; 2022. Chapter 49. Retroperitoneal tumours and soft tissue sarcomas.
2. Williams NS, O'Connell PR, McCaskie AW, editors. Bailey & Love's Short Practice of Surgery. 28th ed. Boca Raton: CRC Press; 2023. Chapter 70. Soft tissue tumours and retroperitoneal sarcomas.
3. Brunicardi FC, Andersen DK, Billiar TR, Dunn DL, Kao LS, Hunter JG, Matthews JB, Pollock RE, editors. Schwartz's Principles of Surgery. 12th ed. New York: McGraw-Hill Education; 2022. Chapter 35. Soft tissue tumours and sarcomas.
4. Goldblum JR, Lam AKY, Weiss SW, editors. Enzinger and Weiss's Soft Tissue Tumors. 8th ed. Philadelphia: Elsevier; 2024. Chapter 17. Spindle cell sarcomas and other fibroblastic/myofibroblastic tumours

©2026, IJMACR