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ABERRATION IN VARIATION: DECEPTION BY A CTA OCCULT BLEEDING VARIANT

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ABSTRACT

Introduction: The coeliac axis and its major branches are known to have various anatomical variations, some are more common than others. The presence of variants may complicate the upper abdominal procedures, such as open surgery or interventional radiology procedures.

Result: This is a case of a 65-year-old gentleman with various co-morbidities, who initially presented with pyogenic spondylodiscitis. On day 7 of admission, he developed hypovolaemic shock secondary to upper gastrointestinal bleed, requiring massive transfusion protocol. An oesophago-gastroduodenoscopy (OGDS) revealed a Forrest 1b ulcer. Initially the bleeding stopped with endoclip application, but the haemorrhage subsequently resumed with further massive transfusion required. An abdominal CT angiogram (CTA) was then performed revealing active arterial extravasation at the site of the endoclip. However, the actual bleeding artery was not apparent. An aberrant right hepatic artery was observed on the CTA. A subsequent urgent embolization angiographic run revealed some contrast extravasation from the gastroduodenal artery, which arise from the common hepatic artery. 5 pieces of 0.035” coils were deployed at the bleeder site. No extravasation seen on the final angiographic run. However, the next day, the patient continued to developed massive haemorrhage. Another abdominal CTA demonstrated further similar extravasation of contrast near the endoclips. Another urgent embolization was then performed. Angiogram via the aberrant right hepatic artery revealed the presence of an accessory gastroduodenal artery, which in turn demonstrated sizable contrast extravasation near the endoclips. A microcatheter was used to deliver Histoacryl glue for embolization, which subsequently stemmed the bleeding.

Conclusion: This case highlights the difficulty that arises during interventional procedure from the presence of anatomical variant of the coeliac axis. Although CTA is usually an important assessment tool prior to embolization, the accessory gastroduodenal artery was not opacified in the pre-embolization CTA. This underlines the need for an interventional radiologist to expect difficulty when variants are present

ATYPICAL MULTICENTRIC EXTRA COMPARTMENTAL AND METACHRONOUS GIANT CELL TUMOR RECURRENCE

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ABSTRACT

Introduction: Giant cell tumor (GCT) a benign neoplasm with high local recurrence potential. First line treatment is intralesional curettage. Due to high recurrence rate, en bloc resection with graft reconstruction are now considered. We reported the first case of recurrent GCT on graft with metachronous GCT on proximal radius.

Result: 30 years old female presented with right wrist swelling for 3 months. Radiograph shows expansile lytic lesion with thin internal trabeculation abutting the distal radius articular surface with periosteal reaction, cortical break, and adjacent soft tissue swelling. MRI demonstrate intramedullary lesion at distal radius with cortical breach and soft tissue component with fluid-fluid level within. Intralesional curettage with cement packing was done. On her first recurrence, MRI shows intramedullary lesion proximal to the previous operation site with significant soft tissue component encasing the distal radius. Wide local excision of distal radius and bone graft reconstruction was done. On her second recurrence, MRI shows soft tissue lesion adjacent to the distal ulnar which shows communication of the graft and solid cystic intraosseous lesion in the proximal diaphysis of right radius.

Conclusion: GCT recurrence rate is associated with higher tumor grade radiologically and the prevalence of soft tissue extension. In our patient, initial tumor appearance shows aggressive features with cortical breach with and tissue extension (Campanacci's grade III) and this may attribute to the extracompartmental soft tissue lesions recurrences. The metachronous lesion in proximal radius and intramuscular lesion at distal forearm may represent a different pathology such as a low grade sarcoma or metastasis. Despite the atypical location and extracompartmental component of these lesions which raises concerns of other neoplastic condition, they still exhibit MRI characteristic of the primary tumor in which recurrence still need to be considered. HPE of all of these lesions concludes characteristic of giant cell tumour with secondary aneurysmal bone cyst changes

A RARE CASE OF PARARENAL MALAKOPLAKIA

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ABSTRACT

Introduction: Malakoplakia is a rare chronic granulomatous inflammation that can affect multiple system.

Result: A case of 58 years old lady with underlying myasthenia gravis and recurrent thymoma having multiple episodes of sepsis during chemotherapy. CT abdomen showed multifocal thick walled cystic lesions at anterior and posterior cortex of the right kidney. On follow up CT scan 5 months after that demonstrated larger pararenal mass with progressive local extension, which subsequently biopsied and turned out to be malakoplakia. Antibiotics was given for a total of 6 weeks and CT scan post treatment showed significant reduction of the pararenal mass.

Conclusion: Malakoplakia must be considered as one of differential diagnosis of pararenal mass especially in immunocompromised patients.

A CASE OF ERDHEIM CHESTER DISEASE WITH MULTISYSTEM INVOLVEMENT

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ABSTRACT

Introduction: Erdheim-Chester disease (ECD) is a rare non-Langerhans cell, lipid-laden histiocytosis with specific histological and radiological findings. The diagnosis of ECD depends on the combination of clinical presentations and imaging features, which are confirmed with histopathologic findings

Result: A case of the 40 year male who initially presented with neurological symptoms and was found to have a pontine lesion in MRI. Differential diagnosis of demyelinating disease was considered. He then defaulted follow up and presented later with a series of multi system symptoms such as pericardial effusion and respiratory symptoms. Series of radiological findings revealed a multi system involvement of a systemic inflammatory process. Histopathologic findings later revealed Erdheim Chester disease.

Conclusion: Precise identification of this disease is essentially a multidisciplinary approach based on clinical and demographic profile, radiological findings, and final confirmation on histopathology.

EXTRAOSSEOUS EWING'S SARCOMA INVOLVING VAS DEFERENS: A CASE REPORT

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ABSTRACT

Introduction: Extrasosseous Ewing's sarcoma belongs to Ewing's sarcoma family of tumors (ESFT) and is generally rare compared to its osseous counterpart. As of now, there is no case of extrasosseous Ewing's sarcoma in the iliac fossa involving the vas deferens has been reported.

Result: A 9 year old boy who initially was suspected to have appendicitis turned out to have an iliac lymphadenopathy during the surgery. It revealed a peripheral neuroectodermal tumor (PNET)/ extrasosseous Ewing's sarcoma following histopathologic examination. After 5 months, there is increase in size of the mass. Chemotherapy was started and he responded well to the second line therapy as CT showed significant reduction in size . Eventually he underwent laparotomy and tumor excision which revealed malignant cells surrounding muscular tubular structure lined by intact and benign pseudostratified columnar epithelium reminiscent of the ductus deferense.

Conclusion: Ewing's sarcoma family of tumor represents a family of morphologically similar small round-cell neoplasms. Extraskkeletal Ewing sarcoma is rare in comparison with Ewing sarcoma of bone. The prevalance is between 15% and 20% of that of Ewing sarcoma of bone. The most commonly reported locations of extraskkeletal Ewing sarcoma include the paravertebral region and lower extremities. Overall, imaging features of extra skeletal Ewing sarcoma are nonspecific.