

Hemangiopericytoma of mesentery: a case report

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Abstract : Mesenteric tumors are rare, most commonly encountered lesions are fibromatoses and leiomyoma. A case of hemangiopericytoma of mesentery in a 38 years old female is reported for its rarity. The classical histological findings and reticulin stain to demonstrate blood vessels & reticulin fibers, encircling individual tumor cells aids in the correct diagnosis.

Key words: hemangiopericytoma, mesentery.

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Introduction

Hemangiopericytoma is a rather uncommon tumor, and most common site is lower extremity^{1,3}, unusual location of tumor, which is indeed rarity, is gastrointestinal tract and as such mesenteric tumors are rare^{1,3,5}. A case of hemangiopericytoma of mesentery is reported for its rarity.

Case Report

A 38-year-old female presented to our hospital with complaints of pain and mass abdomen, which was gradually increasing in size for 2 years. Per abdominal examination showed a well defined mass in the right iliac fossa. Mass was non - tender and measured 15 x 10 cm in size. Lower border of the mass was palpable. Per vaginal examination revealed an anteverted uterus and a mass in right fornix, which was felt separately from uterus. At laparotomy a solid mass of approximately 20 cms in diameter arising from mesentery with terminal ileum and caecum stretched over the tumor was found. Terminal ileum, caecum with mesenteric mass was removed and sent for histopathological examination.

Pathological Findings: Grossly a well encapsulated solid mass measuring 20 x 15 x 10 cm compressing the terminal ileum and caceum was seen. External surface of tumor showed congested blood vessels. Cut section of the tumor was grey white to grey brown in color, periphery showed hemorrhagic areas with myxoid areas at focal places (Fig.1). Terminal ileum was grossly stretched and the wall of the intestine was thinned out.

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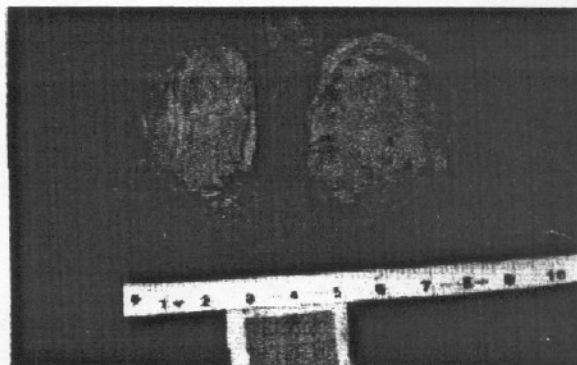


Fig.1. Cut section of mesenteric tumor with intestine showing grey white and glistening areas.

Microscopic examination revealed tumor cells, which were round to oval with moderate amount of cytoplasm surrounding an endothelial lined vascular channels. These channels ranged from capillary size to large sinusoidal like spaces, forming stag horn like configuration at places. Focal areas showed myxoid changes with sparse cellularity (Fig. 2). Reticulin stain demonstrated blood vessels and reticulin fibers

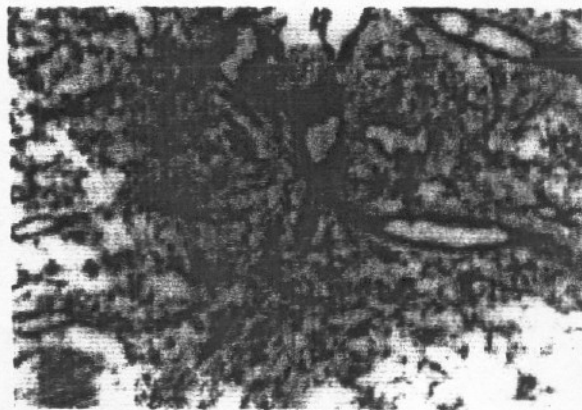


Fig.2. Photomicrograph showing blood vessels surrounded by tumor cells in a myxoid background (H&E, x100).

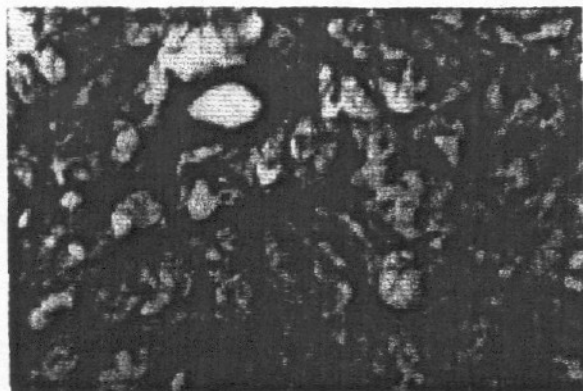


Fig. 3. Photomicrograph demonstrating blood vessel and reticulin fibers encircling individual tumor cells (Reticulin stain,x400).

encircling individual tumor cells (Fig.3). Multiple sections examined did not reveal any malignant features. Terminal ileum and caecum was unremarkable. Based on these findings a histo-pathological diagnosis of hemangiopericytoma mesentery was made.

Discussion

Mesenteric tumors are rather rare and most commonly described tumors in mesentery are fibromatoses, leiomyoma and lymphomas⁴⁶. YannoPoulosk⁶, et al. in his study of primary solid tumor of mesentery, has reported 44 tumors, which includes predominantly fibromatosis and leiomyoma, and 5 vascular tumors,

which were mainly, hemangioendotheliomas. In a series of 106 cases of hemangiopericytoma reported by Enzinger and Smith², 27 were in thigh and 26 in pelvic retro peritoneum. The present case presented in an unusual manner, with a large mesenteric mass almost producing obstruction of terminal ileum. Hemangiopericytoma are vascular tumors, the commonest sites of occurrence being the lower extremities^{1,3}. Accurate diagnosis and clinical behavior is important when considering it as either benign or malignant, which depends on size, mitoses, pleomorphism and necrosis^{1,3}. In our case though the tumor was large the above features were absent and hence was regarded as benign.

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