Large Abdominal Mass in a Young Healthy Lady

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A 23-year-old Caucasian woman with no significant past medical history, presented to the outpatient clinic with left upper quadrant (LUQ) abdominal pain. Physical examination revealed a mildly tender, large LUQ abdominal mass. Abdominal ultrasound revealed a large heterogeneous, hypervascular enhancing retroperitoneal mass displacing the left kidney anteriorly. The mass measured 9.3 cm (AP dimension) x 14 cm (width) x 21 cm (cranio-caudal dimension). Abdominal CT confirmed the finding of a large, bilar heterogeneous, hypervascular mass, inseparable from the upper pole of the left kidney with no lymphadenopathy.

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(Pictures 1, 2). The patient underwent embolization and then mass resection along with left nephrectomy. The pathology report revealed renal angiomyolipoma (Pictures 3, 4). The patient had no other findings and recovered with no complications.

Renal angiomyolipoma is a rare benign and mostly unilateral tumor that consists of abnormal blood vessels, smooth muscle, and adipose tissue (1). The classic presentation of angiomyolipoma includes flank pain, a palpable tender renal mass, and gross or microscopic hematuria; the disease most often occurs in middle-aged women (2). However, many patients are asymptomatic. Although only about 10 percent of renal angiomyolipomas are associated with tuberous sclerosis (1), patients should be evaluated for possible undiagnosed or subclinical tuberous sclerosis. Ultrasound and CT scan can diagnose this tumor (3). Differential diagnoses include perinephric liposarcoma, Wilms’ tumor, adenocarcinoma or unusual presentation of lymphoma (4). The major complication is retro-peritoneal hemorrhage. Management includes periodic ultrasound observation for small lesions (<4 cm) or resection for larger or symptomatic lesions. Embolization reduces the risk of hemorrhage (1, 5).

References