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EDITOR'S QUIZ: GI SNAPSHOT

An unusual cause of abdominal mass in a child

Robin Spiller, Editor

Clinical presentation

A nine year old female child presented with a history of intermittent low grade fever with weakness, malaise, and poor growth for the past eight months. Her parents noticed a gradually increasing swelling in her right upper abdomen over six months. On examination the patient was found to have severe pallor. A freely mobile, firm, non-tender lump approximately 7×5 cm in size with a regular margin and smooth surface was present in the right hypochondrium and lumbar region. There was no hepatosplenomegaly or generalised peripheral lymphadenopathy.

Initial laboratory investigations showed severe iron deficiency anaemia (haemoglobin 5.4 g/dl), white blood cell count 3000/mm³, and raised erythrocyte sedimentation rate (68 mm/h). Mantoux test and stool examination for occult blood were negative. Liver function tests showed hypergammaglobulinaemia and hypoalbuminaemia with an albumin/globulin ratio of 0.2. Urine examination and chest x ray were normal. Antinuclear antibody, rheumatoid factor, and venereal disease research laboratory tests were negative. Computed tomography of the abdomen was performed (fig 1).

Figure 1 Computed tomography scan of the child.

R K Singh
A Mohta
S Kumar

Department of Surgery, University College of Medical Sciences and Guru Teg Bahadur Hospital, Delhi 110096, India

Correspondence to: Professor A Mohta, 28-B, Pocket-C, SFS Flats, Mayur Vihar Phase-III, Delhi-110096, India; mohtaanup@hotmail.com

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Question

What is the likely diagnosis of the abdominal lump?

See page 999 for answer

This case is submitted by: