NEUROLOGICAL PICTURE

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Massage of a giant retroperitoneal neurofibroma

During a Chinese massage for back pain, a large right-sided abdominal mass was detected in a 29-year-old man. The patient had been unaware of the mass. On examination, a large firm painless mass was palpable in the right lower abdomen, and pulsations of a large artery ventral to the mass were easily felt. No neurological deficits were evident. An MRI scan of his abdomen showed a large mass ventral to the spinal column. The lesion was well circumscribed, hypointense on the T1 images and mixed hyperintense on the T2 images with gadolinium. The angiogram showed substantial ventral displacement of both iliac arteries. A

needle biopsy was carried out and showed a neurofibroma.

The tumour was easily reached by a transabdominal approach. It was found to be retroperitoneal and could be removed completely after separating the large arteries and veins of the tumour. The pathology confirmed the diagnosis of neurofibroma with complete en bloc excision.

Giant neurofibromas of the spine are described mostly in case reports.¹⁻³ They can result in spinal cord compression or compression of the nerve of origin, and can extend through an intervertebral foramen to form a dumb-bell-shaped tumour. They can also present, as in this case, as a retroperitoneal mass, compressing the iliopsoas muscle complex,

iliac vessels, kidney, ureters and lumbosacral plexus.⁴ The adherence of the tumour capsule to the adjacent structures obscures dissection planes and can make the resection more difficult.⁵

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Figure 1 Sagittal T2-weighted MRI scan with gadolinium, showing the tumour ventral of the lumbar spine.

Figure 2 Angiogram showing the displacement of the iliac vessels to the left.

Figure 3 The tumour completely removed.