CASE REPORT

27 cm fetus in fetu presenting in a 36-year-old man: report of a rare case and brief review of literature

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Introduction

Fetus in fetu is a rare entity with less than 100 cases described in literature. A majority of them have been described in children. We describe a rare case in an adult patient who also had severe postoperative bleeding requiring re-exploration.

Case report

A 36-year-old man presented with complaints of gradually progressive upper abdominal swelling, first noticed a year ago. For the past 3 months, he had upper abdominal discomfort after having meals because of which he ate less than before. There was occasional vomiting but no hematemesis or melena. He was not a smoker or alcoholic. General physical examination revealed an asthenic build and severe pallor. There was a large protrusion in the left upper quadrant with no movement with respiration obvious

to inspection. It was non tender, spherical, smooth surfaced retroperitoneal lump, about 35 cm in size predominantly in the left upper quadrant but extending both across the midline and below the umbilicus. There was no significant personal, occupational or family history.

His Hemoglobin level was 4.5 g/dl, other hematological and biochemical investigations were normal.

Abdominal x-rays done earlier were hazy and unhelpful. The ultrasound report suggested a complex mass in relation to the pancreatic body and tail. A CECT of upper abdomen revealed the presence of calcified spine in the large mass suggesting the diagnosis of a fetus in fetu. (Fig. 1).

He underwent exploratory laparotomy under general anesthesia with endotracheal intubation through a midline incision after optimization of general condition. On exploration there was a large encapsulated retroperitoneal lump densely adherent to the pancreas and splenic vessels. In view of minimal chances of recurrence in fetus in fetu we did not resect the densely adherent walls from the pancreas or splenic vessels. There was a soft tissue mass within the lump surrounded by a yellow pultaceous material mixed with pus. About 4–5 litres of thick purulent, foul smelling fluid containing hair spilled from where we breached the wall. There was a 27 cm large, fairly well developed fetoid mass within the wall. All 4 limbs, rudimentary genitalia, anal dimple and back could be easily made out. Face was not formed. (Figs. 2, 3, 4). After ensuring hemostasis and thorough lavage abdomen was closed with drainage.

Patient was well for 2 hours after surgery but later blood stained fluid started coming from the drain. This did not respond to conservative measures and the patient had to be reexamined. There was oozing from the retroperitoneum and splenic surface. The spleen had enlarged to about 4 times the size encountered at previous laparotomy. Splenectomy was done, oozing controlled with pressure and closure done. The patient recovered after ICU care

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Fig. 1 CT showing vertebral column in the tumor establishing diagnosis of fetus in fetu.

and multiple blood transfusions after this surgery and was discharged after 10 days.

Fig. 2 Photograph with scale.

Discussion

Of the 100 or so cases reported, only 5 have been described in adults. The patient described by Dagradi [1] had been detected to have the condition at the age of 2 years but was not operated upon till the age of 47 years. A case of fetus in fetu incidentally discovered in a 39-year-old man, who complained of mild epigastralgia by Lee et al [2] and managed conservatively. Three cases between 16–27 years have been described from India.

A preoperative diagnosis is possible with CT and MRI. According to the criteria described by Willis, there should be a vertebral axis present to make the diagnosis of fetus in fetu. In our patient's CT, the vertebral column is obvious. To the best of our knowledge and belief, this is the oldest patient to have been detected with a fetus in fetu and also the

Fig. 3 Close up view of genitalia.

Fig. 4 Photograph showing covering membranes.

size of the tumor (27 cm) is the largest. We further wish to recommend a careful dissection of the splenic vessels from the tumor. Perhaps the splenic vein underwent thrombosis as a result of suboptimal handling during dissection.

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