A Massive Intratumoral Aneurysmal Vessel in a Retroperitoneal Lipoblastoma

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Abstract Lipoblastoma is a benign tumor and usually does not require radical operation for complete excision. We describe here a case of a retroperitoneal lipoblastoma with a massive intratumoral aneurysmal vessel.

Keywords Lipoblastoma · Aneurysm

Case Report

A lipoblastoma is a relatively rare tumor composed of embryonal fat; it usually presents as a rapidly enlarging mass in children younger than 3 years of age [1]. Complete surgical excision can provide a cure for this benign tumor; however, spontaneous maturation or regression has been reported in cases with incomplete resection [2, 3]. A 14-month-old female patient presented with a palpable abdominal mass and abdominal distension. On physical examination, a firm, lobulated mass was palpated in the lower abdomen. Computed tomography revealed a very large retroperitoneal mass composed predominantly of fatty components, which suggested the diagnosis of a teratoma. There was a dumbbell-shaped aneurysmal vessel within the mass, which was connected to the inferior vena cava (Fig. 1). A debulking procedure was performed; however, the infiltrating nature of the mass precluded a complete excision. Moreover, injury to the aneurysmal vessel caused catastrophic hemorrhage, resulting in the patient's death. The postoperative pathological diagnosis was

a lipoblastoma. For the treatment of a lipoblastoma, most investigators agree that complete surgical excision should be attempted while avoiding significant injuries to the adjacent organs and disfigurement. When complete excision seems impossible, partial excision or even intraoperative biopsy to rule out a liposarcoma followed by conservative management has been recommended and can be justified [4]. In our case, the symptoms and the radiological diagnosis of a teratoma suggested the need for surgical excision. This case emphasizes one point: when confronted with a retroperitoneal fatty mass in a patient less than 3 years of age, one should make every effort to differentiate a lipoblastoma from a teratoma, although there are no radiological pathognomonic findings associated with a lipoblastoma [5]. A lipoblastoma can regress or mature to a lipoma with conservative care after an incomplete surgical excision and aggressive surgery can be avoided.

Fig. 1 Very large retroperitoneal mass with predominantly fatty components is present; an aneurysmal vessel is traversing within the mass

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