FETAL NEUROBLASTOMA. ULTRASOUND AND MRI FINDINGS

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Key words: fetal neuroblastoma, pregnancy, ultrasound scan.

Fetal suprarenal masses pose a challenge regarding diagnosis, being attributed most of the time to neuroblastomas, adrenal hemorrhage, extra lobar pulmonary sequestration and renal tumors. Neuroblastomas can occur anywhere across sympathetic neural ganglia. Although most neuroblastomas are

diagnosed late in pregnancy, here we report the case of a 38 years old patient, who during routine anomaly scan presented a heterogeneous suprarenal mass 14.3/12.6/16 mm with cystic and solid appearance. A neuroblastoma was suspected, alongside the aforementioned diagnosis. There was no Doppler signal within the tumor and blood pressure (BP) was normal throughout the pregnancy. A fetal MRI was performed at 22 weeks, which confirmed the ultrasound findings and found no

Figure 1. 23 weeks anomaly scan, cystic and solid appearance.

Figure 2. 27 weeks - Follow-up scan, Doppler, cystic and solid appearance.

Figure 3. 23 weeks - transverse MRI, T2 FS (fast screen).

Figure 4. 23 weeks - sagittal MRI, T2 FS (fast screen).

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Acta Endocrinologica (Buc), vol. XV, no. 2, p. 272-273, 2019

evidence of spinal or liver fetal metastases. A round mass was identified next to the left adrenal gland with a low signal on T1-weighted sequences and slightly high signal on T2-weighted sequences, measuring 20×13×22 cm, causing inferior displacement of the kidney. The patient delivered vaginally at 39 weeks, a female infant, 3600 g, Apgar score-8, with normal physical examination. Postnatal investigations, computer tomography (CT), NSE (neuron specific enolase) and catecholamines confirmed the diagnosis. CT was performed at one week of age, demonstrating a heterogeneous, hypointense mass, measuring 23/22/14 mm related to medial branch of left suprarenalian artery. There were no secondary lesions suggestive for metastases. The newborn is currently under pediatric oncology team, undergoing conservative management, without any surgical or medical treatment. Further

investigations at three and five months of age showed a left adrenal mass with similar features but a smaller size, decreasing NSE and ferritin values (although above normal limits) and a normal physical exam. NSE has steadily decreased from a starting value of 75.35 ng/mL post delivery to 26.32 ng/mL (normal values <17 ng/mL). Ferritin levels have dropped as well from 406.6 ng/mL to 183.5 ng/mL (normal values 15-120 ng/mL). What makes neuroblastoma distinctive among malignant tumors is its unpredictable medical behavior and susceptibility for spontaneous regression. It is of utmost importance to understand which and why some neuroblastomas have the ability to undergo spontaneous regression while others have not. Although there are different potential mechanisms of regression described, a definite answer has yet to be found.

Conflict of interest

The authors declare that they have no conflict of interest.

Erratum

The authors Kutbay NO *et al.* of the previous Letter to the editor with title “An Unusual Case of Acquired Partial Lipodystrophy Presenting with Acanthosis Nigricans”, Acta Endo (Buc) 2019, 15 (1): 129-130, doi: 10.4183/aeb.2019.129 requested the change of abstract with the one printed below. The authors take full responsibility of this change.

Abstract

Acquired partial lipodystrophy is a rare disease with slightly over 250 patients reported so far. The disease is characterized by the loss of adipose tissue from the face, upper limbs, and the upper trunk. Fat loss usually starts in childhood and early adulthood, and the disease is more common in females. Some patients may exhibit an accumulation of fat in the lower part of the body. Metabolic abnormalities secondary to insulin resistance may develop in patients with acquired partial lipodystrophy; however, they are relatively less frequent compared to other subtypes of lipodystrophy. Here, we present a 23-year-old female with acquired partial lipodystrophy who presented with acanthosis nigricans which is a rare event in the case of acquired partial lipodystrophy.