

Thomas Jefferson University Jefferson Digital Commons

Department of Surgery Faculty Papers

Department of Surgery

10-2022

Large Retroperitoneal Mass

Ryan Lamm Thomas Jefferson University

Wilbur B. Bowne
Thomas Jefferson University

Follow this and additional works at: https://jdc.jefferson.edu/surgeryfp



Let us know how access to this document benefits you

Recommended Citation

Lamm, Ryan and Bowne, Wilbur B., "Large Retroperitoneal Mass" (2022). *Department of Surgery Faculty Papers*. Paper 230.

https://jdc.jefferson.edu/surgeryfp/230

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's Center for Teaching and Learning (CTL). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Department of Surgery Faculty Papers by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.



Contents lists available at ScienceDirect

Surgery Open Science

journal homepage: https://www.journals.elsevier.com/surgery-open-science



Large retroperitoneal mass

Ryan Lamm, MD*, Wilbur B. Bowne, MD

Department of Surgery, Thomas Jefferson University Hospital, Philadelphia, PA 19107



A 36-year-old woman with no significant medical history presented to the emergency department with rapid onset right flank abdominal pain. In the emergency department, workup revealed symptomatic anemia requiring 3 U of packed red blood cells. She received a computerized tomography scan which revealed a 22 \times 15 \times 14-cm fatty interpolar right-sided renal mass with numerous enlarged vessels and associated hemorrhage (Figure 1, A and B). The mass was embolized using multiple coils (Figure 1, C and D), and the biopsy taken revealed an admixture of thick dysmorphic blood vessels, smooth muscle, adipose tissue, and immunostaining for HMB-45 and melan-A (Figure 1, E and F). On 4-week follow-up, she was stable, with minimal pain, and was scheduled for elective resection. The large mass was removed via an open right subcostal incision. The specimen was removed en bloc with the right kidney, whereas the right adrenal gland was spared. The patient recovered without complication and was discharged home. Options:

- A) Liposarcoma
- B) Angiomyolipoma
- C) Renal cell carcinoma
- D) Renal abscess

Author Contribution

RL and WB contributed to the manuscript writing and creation of the figure for this submission.

Conflict of Interest

RL and WB have no conflicts of interest to disclose.

Funding Source

RL and WB have no funding sources to disclose.

Ethics Approval

Consent was provided by the patient for publication of the details of her case by RL and WB.

E-mail address: ryan.lamm@jefferson.edu (R. Lamm).

^{*} Corresponding author at: 1025 Walnut St, Suite 620, Philadelphia, PA 19107. Tel.: +1516-547-7676; fax: +1438-600-3981.

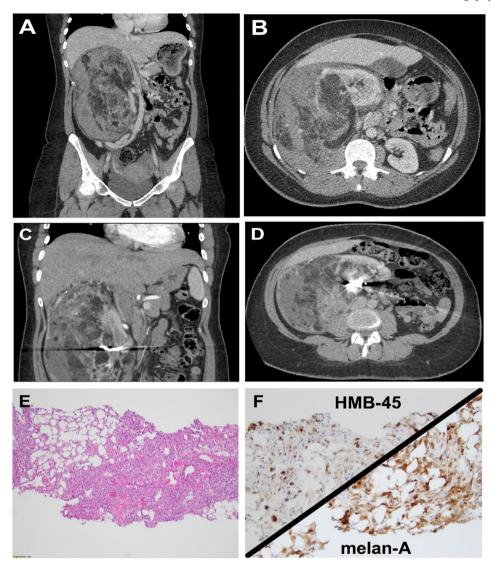


Figure 1. Large retroperitoneal mass.