A giant retroperitoneal mass

A previously healthy 82-year-old man presented with progressive abdominal fullness without abdominal pain or other gastrointestinal symptoms.

On physical examination the abdomen appeared globular in shape, non-tender with dullness on percussion. Laboratory test results were within normal limits.

Abdominal computed tomography (CT) showed a huge mass with areas of low attenuation and well-enhanced septa, occupying almost the whole of the abdominal cavity, measuring $23 \times 20 \times 13$ cm, extending from the kidneys to intrapelvis and displacing the bowel anteriorly and superiorly, the rectum posteriorly and the bladder anteriorly and superiorly (Figure 1). There was also bilateral hydronephrosis due to ureteral compression. However, the mass was not invading any of these structures.

Ultrasound-guided biopsy revealed benign mesenchymal cells composed of Schwann cells with no evidence of malignancy.

Ganglioneuromas are rare benign neoplasms of the neural crest; they occur most commonly in the posterior mediastinum and the retroperitoneum.

Figure 1. Sagittal (A), coronal (B) axial (C abdomen view and D pelvis view) CT images showing a huge mass with areas of low attenuation and well-enhanced septa, occupying almost the whole of the abdominal cavity, measuring $23 \times 20 \times 13$ cm, extending from the kidneys to intrapelvis and displacing the bowel anteriorly and superiorly (white arrows), the rectum posteriorly (red arrow) and the bladder anteriorly and superiorly (yellow arrows).

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although can occur rarely in the tongue, bladder, uterus, bone and skin.\(^1\)

While ganglioneuromas usually appear in children, retroperitoneal ganglioneuromas appear more often in adults and are mostly asymptomatic with slow growth and good prognosis.\(^2\) In fact, surgical excision of these tumors, as did our patient, is safe and curable.

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**References**
