The retroperitoneal tumour cured by micro-invasive treatment

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52 y/o Caucasian male, professional scuba diver, was blue lighted hypotensive with tachycardia, tachypnea, massively distended and tender abdomen to the A&E Department and WCC 18, the CRP 354, Haemoglobin 86, Creatinine 186, Urea 40. The surgical review suspected an abdominal catastrophe. At the laparotomy, massive retroperitoneal tumour was seen. ITU care and CT was done

The CT with IV and oral contrast, showed massive retroperitoneal collection from the lesser sac down into the lesser pelvis for no apparent reason.

On the same sitting, bilateral retroperitoneal Fr. 16 locking pigtail drains were placed using CT guidance. Very thick, yellow strongly offensive pus was forcefully aspirated. The collection was managed further under ultrasound control with various drains up to size Fr. 30, washed out twice a week using water soluble Betadine solution up to 500 cc. The pus sample showed Escherichia coli and the patient treatment was adjusted accordingly. The flexible sigmoidoscopy and the OGD were normal.

The CT follow-up organised after the Betadine washout @ 5/52 showed dense iodine penetration from the descending colon down into the rectum. A full colonoscopy demonstrated only sporadic diverticulosis with a single leaking diverticulum in the antimesenteric upper descending colon. Please note the Iodine in the descending colon @ 5/52 CT abdomen and pelvis F/U

After the right transverse colostomy and the retroperitoneum sepsis drained out, the drains were removed and the colostomy was reversed 8/12 after. The patient resumed his professional activity @ 18/12 with no life limiting sequels. The last CTAP shown bellow is before the reversal with only minimal insignificant thickening of the right Gerota anterior fascia marked with ↓