Calcifying Fibrous Pseudotumor : A rare symptomatic presentation

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Background

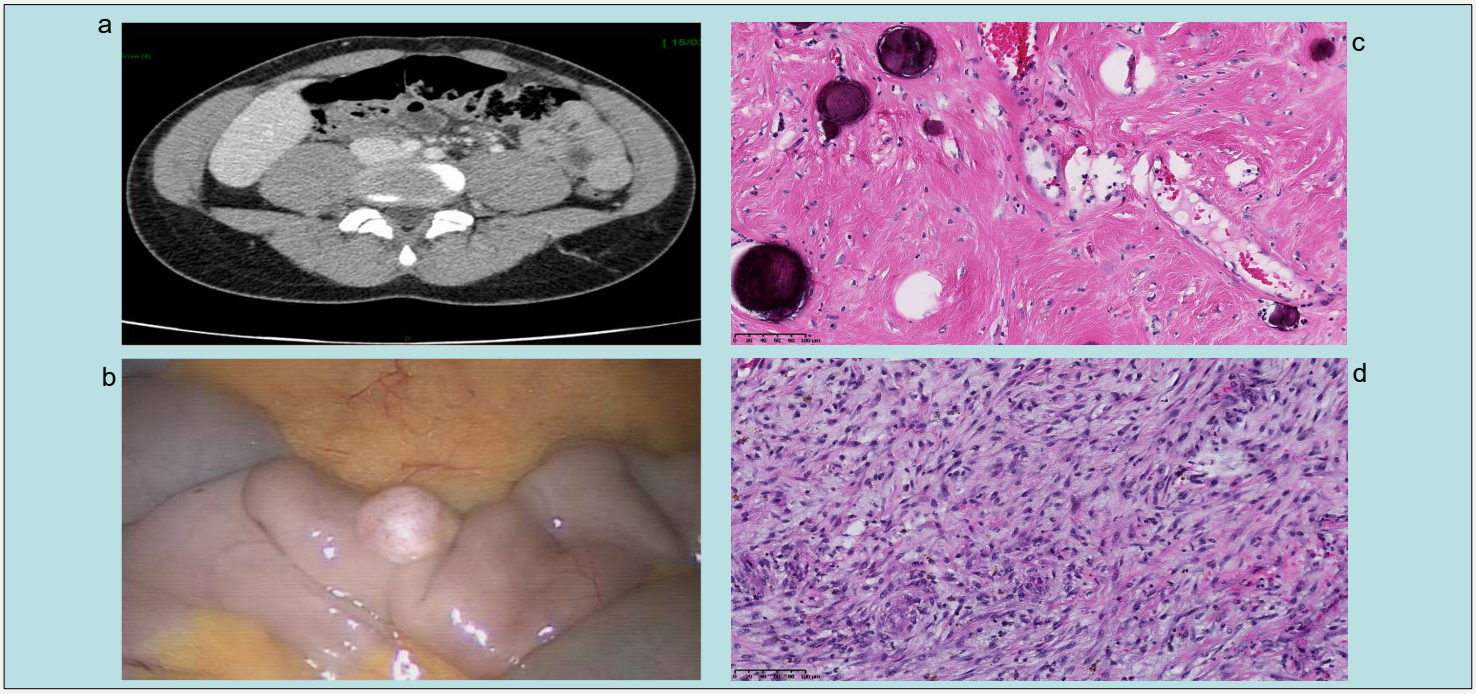
Calcifying Fibrous Pseudotumors (CFTs) are rare benign tumors of soft tissues. The diagnosis is difficult to establish because of the lack of specific biomarker, clinical features and image findings. The treatment consists of a surgical excision associated with a pathological analysis. We report a case with an unusual presentation.

Clinical case

A 36-years-old woman, with no past medical history nor medications presented for an acute abdominal pain since few weeks. Physical examination found an abdominal guarding on the left upper quadrant. Abdominal CT-scan showed a 19mm mesenteric mass with a mild enhancement (47 UH). Blood test showed a CRP level at 18 mg/L. Bacterial and auto-immune serology were negative. PET-CT showed no metabolic mass or metastasis. Upper and lower endoscopic examinations were also negative. Since the patient was still very painful, a laparoscopy was performed and revealed a spherical white-grey mass responsible of an internal herniation phenomenon. This herniation was responsible of the painful sensation felt by the patient. Excision and pathological analysis were performed and the results were compatible with a calcifying fibrous pseudotumor. This rare and benign affection is fully resolutive after surgical excision. Symptoms were amended directly after intervention and 3 months follow-up showed no sign of recurrence. This observation suggests a pro-active attitude with surgical excision in case of symptomatic but still undetermined mass after biological and radiological examination.

Litterature key-points

While the etiology and pathogenesis of these benign soft tissue tumors is still controversial, their composition and behavior are well documented. Common sites affected by CFT are pleura, abdominal cavity, mediastinum, heart, lung, neck but it can occur virtually anywhere. Imaging findings are nonspecific; CT-scan imaging usually shows a well-circumscribed, homogeneous mass with mild enhancement and scattered calcifications. Microscopically, CFT is defined by the following 3 components: (1) abundant, paucicellular, hyalinized collagen; (2) interspersed calcifications; and (3) an inflammatory infiltrate. Endoscopic surgical excision is the treatment of choice. The prognosis is excellent in CFTs; exceptional cases of recurrences or metastasis were observed but no deaths have been reported and long-term survival seems to be certain.



Legends

A: CT scan with contrast injection showing a 19mm mesenteric mass of mild enhancement (47 UH).
B: Macroscopically, CFTs are well-demarcated, unencapsulated, spherical masses with a solid and white to gray surface.
C,D : Microscopically, CFT is defined by the following 3 components: (1) abundant, paucicellular, hyalinized collagen; (2) interspersed calcifications; and (3) an inflammatory infiltrate.

References

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