

Case report: benign neural tumour of small bowel presenting as a pelvic mass

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CASE REPORT

A 51 year old postmenopausal woman presented with a five day history of intermittent abdominal pain. She had previously suffered from low grade abdominal pain for two years. She had no urinary or bowel symptoms. On abdominal examination there was tenderness in the right iliac fossa. Pelvic examination revealed a tender mass approximately the size of a mandarin orange in the right adnexal region. A clinical diagnosis of right ovarian mass was made.

Her full blood count, urea, electrolytes, serum amylase and liver function tests were normal. Intravenous urogram showed normal urinary tract. Pelvic ultrasound showed a normal uterus and a multiloculated mass measuring 8 cm in diameter with a mixed echogenicity consistent with an ovarian tumour.

At laparotomy, the uterus, ovaries and tubes appeared normal. A pedunculated mass with variable consistency was found attached to the antemesenteric border of the small bowel approximately 20 cm from the caecum and was

lying in the pelvis (Fig. 1). The liver, omentum and kidneys appeared normal.

The tumour along with adjacent bowel was resected and an end-to-end anastomosis was performed. Her postoperative recovery was uneventful.

Histological examination showed that the polyp projecting into the lumen of the bowel was a benign neural tumour showing acute surface ulceration forming a myxoid mass externally (Fig. 2). The remainder of the small intestine was normal.



Fig. 1. — Specimen showing the pedunculated tumour with adjacent small bowel.

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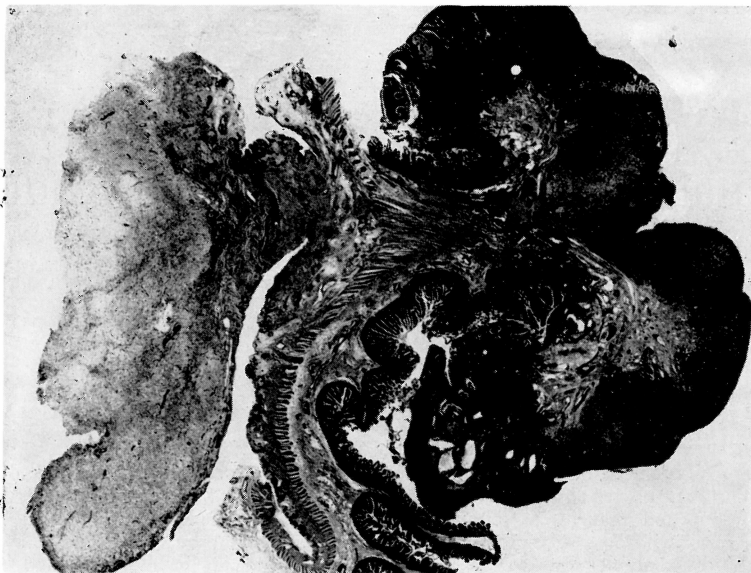


Fig. 2. — Histology showing polypoidal ganglioneuroma of the small bowel. (Haematoxylin and eosin stain; magnification $\times 4$).

DISCUSSION

To the best of my knowledge, this is the first reported case of a benign neural tumour which has presented as a pelvic mass. Benign small bowel tumours account for 1.7 to 6.5% of all gastrointestinal tumours (¹). Although the neural tumours have been described in other portion of gastrontestinal tract, their occurrence in small bowel is rare. The common symptoms are haemorrhage and obstruction (²). The tumours are treated by local segmental resection.

This case is of particular interest because it is a rare tumour and the presentation is unusual. This case illustrates that the clinician dealing with a pelvic mass should bear in mind the possibility of small bowel tumour. It must be reco-

gnised that the final diagnosis may not be made except through the operation.

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