

Pictorial CME

Quintessence Case of Adrenal Gland Neuroblastoma

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A 2-year-old male child was brought by his mother to outpatient Department of Paediatrics with chief complains of pain in abdomen associated with fever which is on and off and loss of appetite for 3 months. On clinical examination, mass was felt in peri-umbilical region predominantly on left side which was associated with tenderness. For further investigation, the child was referred to the Department of Radiodiagnosis for Computed Tomography. On contrast enhanced Computed Tomography, ill-defined lobulated heterogenous solid-cystic lesion was noted in retroperitoneum in the left suprarenal region crossing the midline and showed heterogenous enhancement on contrast study. Multiple calcific foci were noted within this lesion. There was encasement of abdominal aorta with its branches and left renal vein by the lesion; However, no evidence of any thrombus or invasion noted. Also, the lesion was causing the right lateral displacement of IVC. Multiple enlarged heterogeneously enhancing lymph nodes were noted in the pre, para-aortic, pre-paravertebral and pelvic region likely metastasis. A diagnosis of Neuroblastoma with lymph nodal metastasis was made.

Classic radiological features : We got in our case in favor of neuroblastoma — (1) Age, (2) Location, (3) Calcification, (4) vessel encasement, (5) Midline crossing lesion, (6) Regional lymph-nodal metastasis.

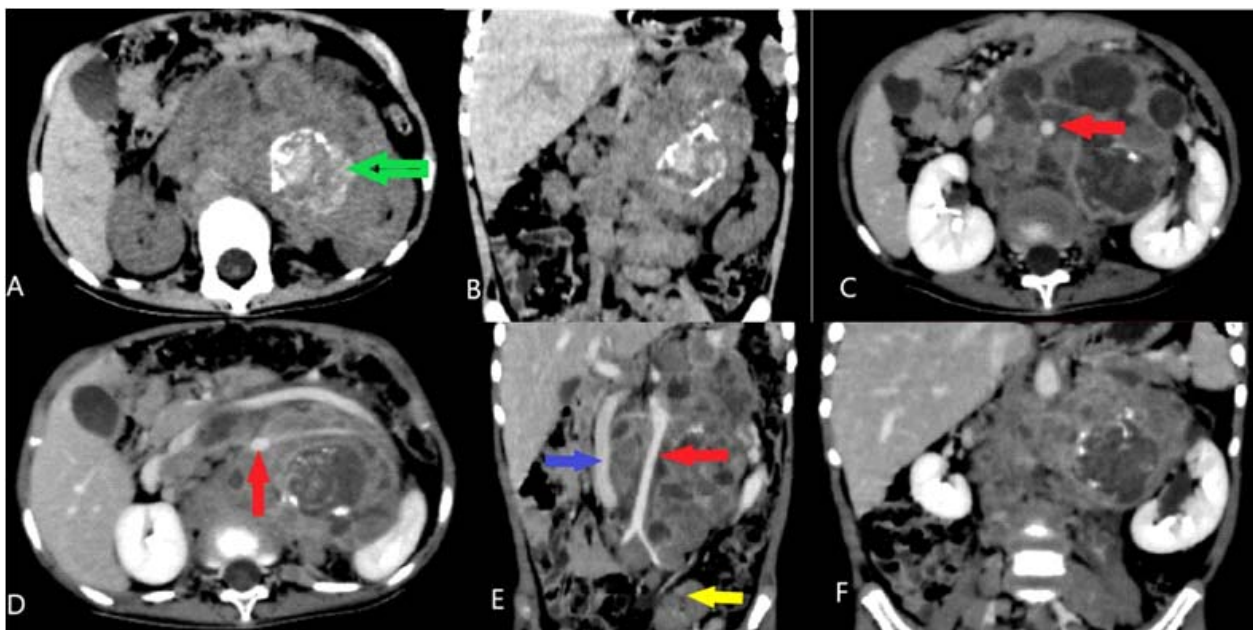


Fig 1 — (A & B) Axial & coronal non-enhanced abdomen CT scan showing ill defined lobulated heterogenous solid-cystic lesion in retroperitoneum in the left suprarenal region showing multiple areas of calcification (Green arrow); (C & D) Axial enhanced abdomen CT scan showing heterogeneous enhancement of the lesion and anterior displacement of abdominal aorta (Red arrow); (E) Coronal enhanced abdomen CT scan showing encasement of abdominal aorta (Red arrow), right lateral displacement of Inferior vena cava (Blue arrow), Heterogeneously enhancing lymph node (Yellow arrow); (F) Postcontrast coronal image showing the lesion is crossing the midline.

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