

Image of the Month

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A 62-YEAR-OLD MAN WAS SENT TO THE emergency department by his primary care physician because of abdominal distention, anemia, fatigue, and worsening lower extremity edema. His medical history was remarkable only for coronary artery disease for which he had undergone a coronary artery bypass graft 2 years prior. The patient was not taking any antiplatelet or anticoagulation medications. A computed tomographic scan revealed a large abdominal mass measuring at least 25 cm × 20 cm × 20 cm (**Figure 1**). There was no discernable point of origin, but there was

a clear fat plane separating the mass from the liver. Laboratory values were significant for a hemoglobin level of 4.9 g/dL (to convert to grams per liter, multiply by 10) and a creatinine level of 1.9 mg/dL (to convert to micromoles per liter, multiply by 88.4). There were normal values for urine and plasma 5-hydroxyindoleacetic acid, aldosterone, metanephrine, and cortisol, confirming a nonfunctional tumor.

What Is the Diagnosis?

- A. Liposarcoma
- B. Renal cell carcinoma
- C. Lymphoma
- D. Hematoma/abscess

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Figure 1. Computed tomographic scan demonstrating a large abdominal mass of at least 25 cm × 20 cm × 20 cm.