

Image of the Month

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A 31-YEAR-OLD MAN PRESENTED WITH LUMBAR–LEFT flank pain and sporadic microhematuria. On hospital admission, a physical examination revealed a huge abdominal mass in the left hypochondrium, apparently fixed in the deep planes. Laboratory investigations revealed a hemoglobin level of 12.2 g/dL (to convert to g/L, multiply by 10.0) and a platelet count of 290/ μ L (the conversion from value/ μ L to value $\times 10^9$ /L is a 1-to-1 conversion); serum levels of tumor markers were within normal limits. Observation of the abdomen by computed tomog-

raphy (**Figure 1**) showed a 12.6 \times 9.3-cm lesion with central necrosis that occupied almost the entire left hypochondrium and flank, involved the psoas muscle, the spleen, the pancreatic tail, and the celiac artery, infiltrated the left renal parenchyma and vascular structures, and displaced the descending colon inferiorly.

Findings from an ultrasonographic examination confirmed the voluminous mass and revealed left hydronephrosis.

What Is the Diagnosis?

- A. Left adrenal carcinoma
- B. Intestinal lymphoma
- C. Retroperitoneal extraskeletal Ewing sarcoma
- D. Embryonic rhabdomyosarcoma

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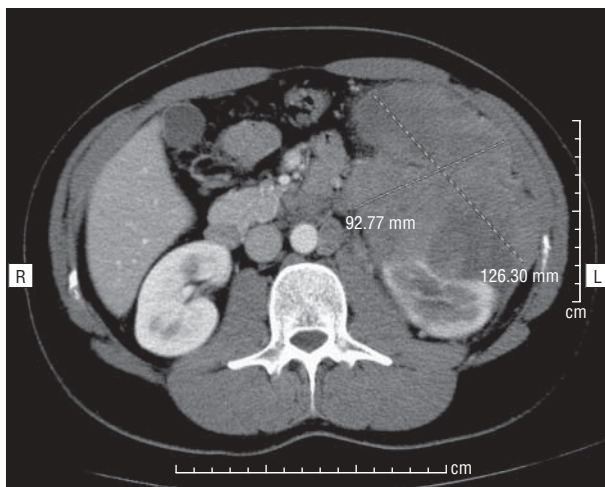


Figure 1. Abdominal computed tomographic scan showing a 12.6 \times 9.3-cm mass with central necrosis occupying almost the entire left hypochondrium and flank. L indicates left; R, right.