Image of the Month

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A 36-year-old woman was seen with a large abdominal cystic mass in the left upper quadrant. During a cesarean section in 2001, the mass had been evaluated and drained; she was told that it was adherent to all adjacent structures and was nonresectable. Although the mass had been identified during her pregnancy 7 years before this presentation, her abdomen had recently become painful to touch while she was at work. Her medical and surgical histories are significant only for lupus erythematosus, hypertension, 2 cesarean sections, and a tubal ligation. She denied any food intolerance or recent trauma. She has a 30 pack-year smoking history and drinks 2 to 3 alcoholic beverages weekly. She has a remote history of spousal abuse.

Computed tomography of the abdomen demonstrated a 15 × 14 × 12-cm mass, predominantly cystic, in the left upper quadrant displacing the pancreas and adrenal gland superomedially and the kidney inferiorly (Figure 1). There was a perceptible wall throughout with areas of mixed attenuation and scattered calcifications (Figure 2). No other identifiable masses or lymphadenopathy was noted.

What Is the Diagnosis?
A. Pancreatic pseudocyst
B. Hemorrhagic adrenal pseudocyst
C. Complex renal cyst
D. Nonparasitic splenic cyst

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Figure 1. Computed tomography of the abdomen demonstrating the left upper quadrant cystic mass and displacement of the left kidney.

Figure 2. Computed tomography of the abdomen showing displacement of the pancreas and left adrenal gland.