Retroperitoneal Pararenal Mass; Castleman Disease: A Case Report

Retroperitoneal Pararenal Kitlesi; Castleman Hastalığı: Olgu Sunumu

Özet

Anahtar Kelimeler
Lenf Nodu, Retroperiton, Bening Tumor

Abstract
Castleman’s disease is a heterogeneous group of lymphoproliferative disorders with unknown etiology presenting with lymphadenopathy. Although Castleman’s Disease may occur anywhere along the lymphatic chain, the mediastinum is the most common location (70%). We represent 36-year-old male patient with homogeneous retroperitoneal mass that interrelated with renal hilum of the right kidney in abdominal tomography. Surgical complete resection performed and histopathological diagnosis of the resected tissue was hyaline-vascular type of Castleman’s disease. It is histologically and prognostically distinct from malignant lymph-node hyperplasia. Although Castleman’s disease is rare condition, it should always be kept in mind in the differential diagnosis of retroperitoneal tumors.

Keywords
Lymph Node; Retroperitoneum; Benign Tumor

DOI: 10.4328/JCAM.1743
Received: 20.03.2013
Accepted: 28.03.2013
Printed: 01.04.2016

Corresponding Author: Alper Özorak, Suleyman Demirel University Faculty of Medicine, Department of Urology 32050 Isparta, Turkey.
T.: +90 2462119259 F.: +90 2462371762 E-Mail: alperozorak@yahoo.com

1Department of Urology, 2Department of Pathology, 3Department of General Surgery
Süleyman Demirel University Faculty of Medicine, Isparta, Turkey
Introduction
Benign retroperitoneal tumors are rare conditions, comprising only about 20% of all primary retroperitoneal neoplasms [1]. Castleman’s disease is a heterogeneous group of lymphoproliferative disorders with unknown etiology presenting with lymphadenopathy. Although Castleman’s disease may occur anywhere along the lymphatic chain, the mediastinum is the most common location (70%). Extrathoracic sites such as the neck, axilla, pelvis, and retroperitoneum have been reported less frequently [2]. It is histologically and prognostically distinct from malignant lymph-node hyperplasia. We present a rare case of unicentric Castleman’s disease of the hyaline-vascular type located at right retroperitoneal area contract with kidney vessels.

Case Report
A 36-year-old male patient with one-month history of right flank pain and dyspepsia admitted our clinic. Physical examination, routine hematologic, blood biochemistry and, urine analysis were normal. Abdominal x-ray was considered normal but abdominal ultrasonography demonstrated retroperitoneal mass, with 60 mm in size and with regular contour in the right anterior pararenal space. Then abdominal computed tomography performed and tomography demonstrated 62x60 mm sized homogeneous retroperitoneal mass that interrelated with renal hilum of the right kidney (Figure 1). Testicular examination and testicular ultrasonography were normal. Through a midline abdominal incision, the mass was found near the hilum of the right kidney and it was in contract with the kidney vessels. We performed complete resection of the mass. Patient had no complication in the postoperative period. Histopathological diagnosis of the resected tissue was hyaline-vascular type of Castleman’s disease (Figure 2). Postoperative 1 year abdominal tomography was normal.

Discussion
Castleman’s disease was first reported in 1956 by Castleman et al. as a different mediastinal mass, easily confused with the thymoma [3]. Castleman’s disease is relatively rare and poorly understood lymphoproliferative disorder. Hypotheses for the pathogenesis of Castleman’s disease include infection, autoimmunity and dysregulated cytokine expression causing lymphoid proliferation [4]. Mediastinum (70%) is the main location of the disease however retroperitoneal location has been reported in 7%, with only 2% involving the pararenal region [2]. Castleman’s disease has no predilection for either sex and affects varying ages of patients but most patients are in the second and third decades of life [5]. Three basic histopathologic subtypes have been described: hyaline-vascular, plasma cell, and mixed variant [6]. Two clinical entities have also been described: a unicentric presentation with disease confined to a single anatomic lymph node, and a multicentric presentation characterized by generalized lymphadenopathy and a more aggressive clinical course [6]. Patients with localized hyalinevascular type are usually asymptomatic, as in our case. Although CT is helpful for the diagnosis of Castleman’s Disease, the final diagnosis depends on pathologic examination. The standard therapy for localized, hyaline-vascular form of Castleman’s disease is surgical excision, which is curative when resection is complete and en-block; the 5 years of survival is nearly 100%, and no recurrences have been reported [7].

In conclusion, an asymptomatic retroperitoneal mass in a young adult always raises the suspicion of a malignant tumor, but it is necessary to consider hyaline-vascular type Castleman’s Disease prominently in the differential diagnosis.

Competing interests
The authors declare that they have no competing interests.

References