To the editor:

Inflammatory tumor mass of the falciform ligament is a rare lesion. It may be associated with acute pancreatitis. When localized falciform ligament lesions tend to be malign or benign neoplasia, often it is not recognize until the surgical procedures[1-3].

Herein, we report a 68-year-old woman presents with a chief complaint of abdominal pain and vomiting despite oral antibiotic therapy and intravenous fluid replacement for acute pancreatitis.

Examination of the upper right quadrant of abdomen showed tenderness and positive Murphy's sign. Ultrasound examination revealed a well ovoid mass between left lobe of the liver and anterior abdominal wall and cholelithiasis. Sonogram confirmed anechoic tubular structures like lymphoid channels in the mass. (Figure 1-A) MRI of the lesion showed a mass in 7 cm diameter hypoechoic focuses in T1 signal and hyperechoic focus in T2 signal with a little unsignally area anteriorly. (Figure 1-B,C)

We was planned a diagnostic laparotomy for the tumoral mass in the falciform ligament. Laparotomy revealed a large lipomatous lesion situated between the leaves of the falciform ligament, and also cholelithiasis and oedematous pancreatitis. The total excision of the tumoral lesion was yellow colored with purulent fluid, cystic degeneration and focal hemorrhagic areas. (Figure 1-D) Microscopically, it was intesned with fat necrosis and hemorrhagic areas. The main cellular component was diffuse inflammatory cells. The histologic findings were consistent with inflammatory tumor mass.

The patient was discharged uneventfully on the seventh postoperative day.

In our view, diseases of the falciform ligament does not require surgical intervention except congenital lesions, internal hernia, neoplastic and inflammatory masses. We think that early and complete surgical resection of the mass provides cure and prevents local abscess formation. As a result, a tumoral lesion suggested with upper imaging studies must be considered as an infiltrative mass lesion in patients with pancreatitis; however, a differential diagnosis can be made with histologic studies.

References