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Image of the month

Rare presentation of a large desmoid tumor after surgery for Meckel's diverticulum☆

Presentación infrecuente de gran tumor desmoide ileal tras intervención por divertículo de Meckel

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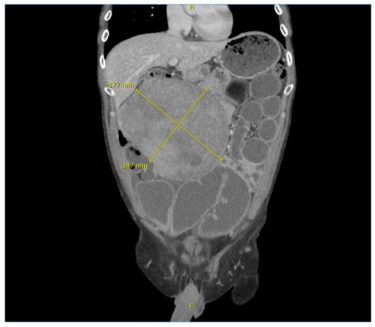

Fig. 1

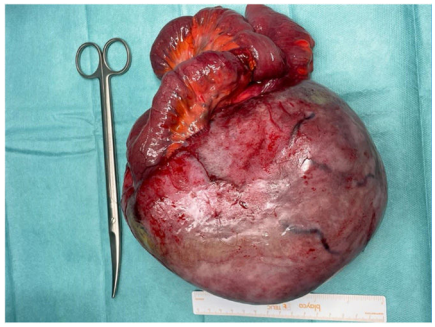

Fig. 2

The patient is a 54-year-old male with no personal history of interest and only one previous surgery for ileal resection and mechanical anastomosis 3 years earlier due to a complicated Meckel's diverticulum. Presently, he came to the Emergency Department with abdominal discomfort and distension over the past 3 months. Physical examination detected a mass in the right flank, and CT revealed a large exophytic mass measuring about 18 × 15 cm originating at the terminal ileum (Fig. 1). We conducted *en bloc* excision of the tumor as well as 30 cm of the terminal ileum that were encompassed by it (Fig. 2), followed by appendectomy and ileocolic anastomosis. The pathology report described a 17-cm desmoid fibromatosis with free resection margins and beta-catenin positivity.

Although the etiology is unknown, up to 30% of abdominal desmoid tumors are associated with a history of trauma injury or surgery due to impaired healing or fibroproliferative disorders of the mesenchymal tissue. Therein lies the importance of diagnostic suspicion. Furthermore, despite being mostly asymptomatic, it is important to rule out Familial Adenomatous Polyposis as a concomitant pathology, which is present in 5%–15% of cases.

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