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An Interesting Case of Abdominal Mass-Evans Tumour Arising From Greater Curvature of Stomach

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Abstract

We report here a case of Abdomen mass presented to our Outpatient Department, with clinical findings similar to that of Mesenteric cyst in a nineteen year old female, Laparotomy revealed mass arising from stomach with involvement of adjacent transverse colon, with a unique post operative Histopathological finding.

Key words: *Abdomen lump, Low graded fibromyxoid sarcoma.*

EVANS TUMOUR

The name "Evans Tumor" originally coined after the discovery and description of this rare fibromyxoid sarcoma (LGFMS) with fibrous and myxoid areas by Harry Evans in the year 1987.

The histological tumor pattern though apparently benign, has got a low malignant potential with detrimental effects. The tumor is clinically characterized by its long insidious and indolent course, with a tendency of adjacent and distant spread in some patients. As a matter of fact LGFMS can matastasize after many years or decades after an indolent presentation. This is expected in about 5 to 10% of the cases (Evans HL 1993).

"Evans Tumor" (LGFMS) tumor commonly occurs in young and middle aged adults with males more commonly affected than females. The common site of Evans Tumor are the lower extremities, the thigh in particular, although it can virtually occur in any location.

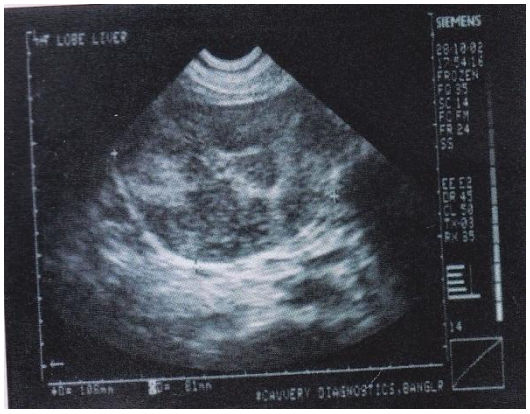
LGFMS is a rare soft tissue tumor which is characterized by a plain benign histological appearance which is highly deceptive misleading the clinician on therapeutic strategies/modalities ultimately resulting in bad prognosis. The inherent activity of the tumor is belligerent with insidious deleterious and sometimes even disastrous effects. Hence early diagnosis with prompt and appropriate treatment is definitely mandatory being the corner stone's of successful management i.e. Evans Tumor (LGFMS) picked up as sarcoma in the early stages.

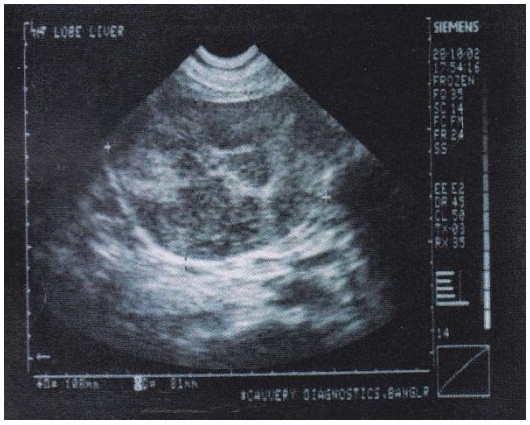
Evans Tumor which arised from the mesenchyme of the greater curvature of the stomach, involved the muscle coat of the colon and the stomach but did not involve the lumen was resected of a 19year old female presenting with a mass Abdomen with insidious onset and after through clinical and other relevant investigations posted for Laparotomy under General Anaesthesia. The resection margins were free of the tumor in the Post surgical Histopathology. The patient was discharged on the 11th day and the post operative period was uneventful. The patient was asked to come for a follow up twice in three months. The follow up was done with an Ultrasonogram of the abdomen and a chest x-ray. There was no evidence of residual or recurrent tumor.

DISCUSSION: LGFMS is defined as Low-grade sarcoma with cytologially malignant neoplasm with alternating fibrous and myxoid stroma of low grade, whorled growth pattern, low cellularity, bland fibroblastic cells and curvilinear or arcuate vessels. The alternate names for this tumor are Evans Tumor (Evans HL 1993) Low grade Fibrosarcoma with palisaded granuloma like bodies (Reid R de silva et. Al 2003). Hyalinizing spindle cell tumor with giant rosettes (Lane K L ET AL; 1997) Diagnostic Criteria of LGFMS exhibit grossly circumscribed, microscopically infiltrating alternating fibrous and myxoid stroma in a swirling whorled pattern with giant collagen rosettes in some cases stimulating palisaded granulomas. (Billings et al; 2005). It is generally hypocellular with bland spindle or stellate cells. Originally reported as hyalinizing spindle cell tumor with giant rosettes. Metastases not observed originally has been reported subsequently. Smaller rosettes may be seen in typical LGFMS. Rosettes have been seen in metastases of a typical LGFMS. Clinicopathologic features otherwise appear identical. (Billings et al; 2005)

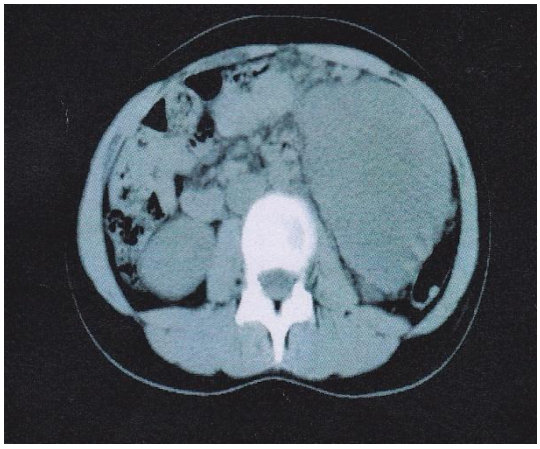
The treatment of choice for Evans Tumor is radical, complete, adequate and optimal surgical excision with the aim of preventing recurrence and usually has a good prognosis, although recurrence or metastases has been reported in about 5 to 10% of cases (Evans HL 1997).

The future of research in Evans Tumor is in human molecular genetics on the role of fusion of the FUS and CREB3L 1 genes in LGFMS (Mertens F et al; 2005). In conclusion LGFMS is a rare presentation and its clinical behavior which deceptively looks benign but has high local spread and recurrence and complete early surgical excision is the treatment of choice with good prognosis (weiss;2001,Fl etcher;2002)

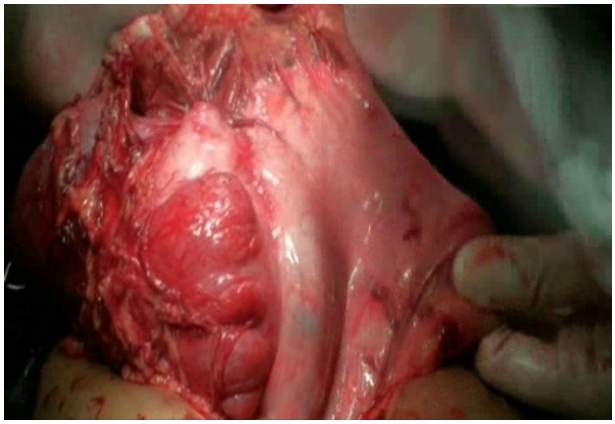




1.Ultrasonographic pictures

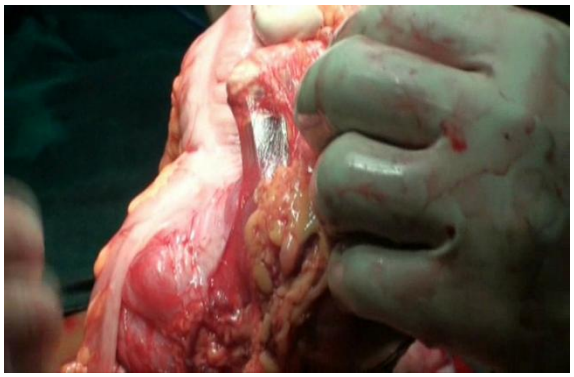


2.CT Picture:

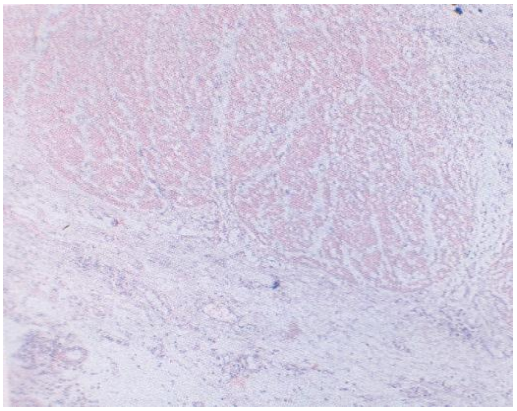


3.Intra operative pictures:

Tumor arising from Greater curvature of Stomach.



Tumour attached to the transverse colon.



4.HPE Picture.

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