

EXTRA ADRENAL PARAGANGLIOMADr. Tongbram Soni Devi¹ and Dr. P. Karkuzhali²¹1st Year PG, Department of Pathology, Sree Balaji Medical College and Hospital, Chennai.²Prof. and HOD, Department of Pathology, Sree Balaji Medical College and Hospital, Chennai.***Corresponding Author: Dr. Tongbram Soni Devi**1st Year PG Department of Pathology, Sree Balaji Medical College, Chrompet, Chennai, Tamilnadu.

Article Received on 12/08/2017

Article Revised on 03/10/2017

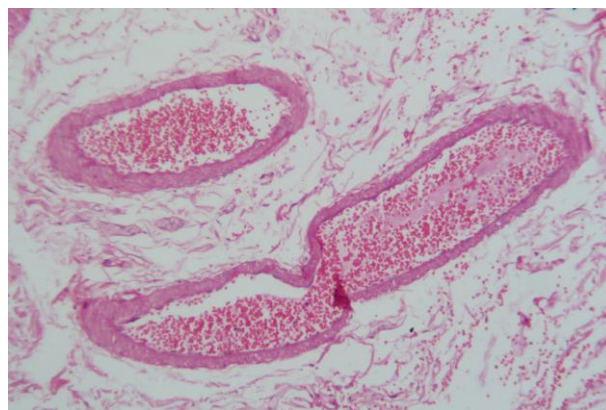
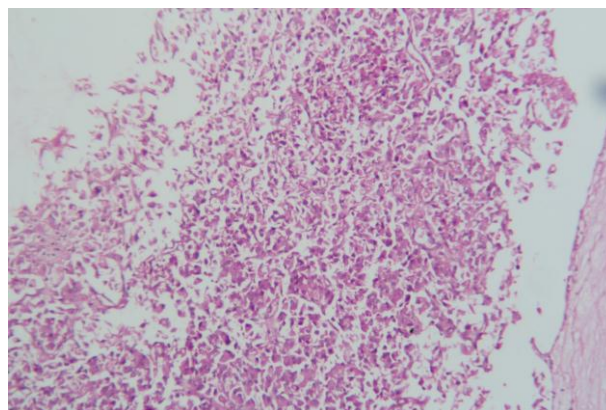
Article Accepted on 24/10/2017

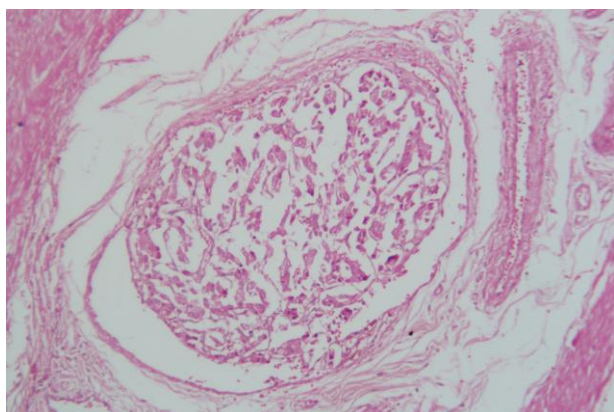
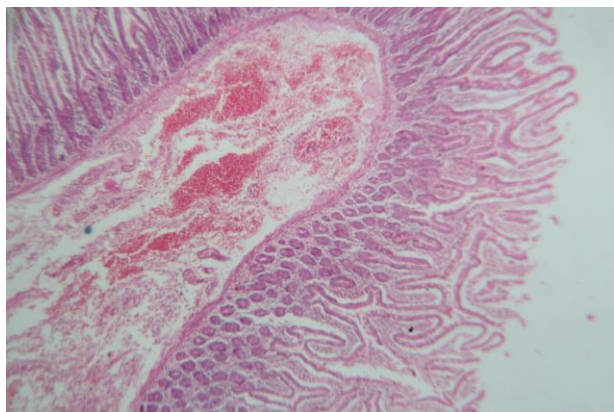
ABSTRACT

Extra adrenal paraganglioma are rare endocrine tumours arising from embryonic cell crest. Paraganglioma represents only 10% of cromaffin tissue tumors and those arising from the mysentry seem to be a rare occurrence. Extra adrenal paraganglioma most commonly develop adjacent to the aorta, particularly the area corresponding to the organ of Zuckerkandl. Funtional paraganglioma secrete catecholamines which clinically may present with headache, sweating & palpitation & symptoms of hypertension. Non functional may remain silent and present with vague symptoms like pain abdomen or insidiously enlarging palpable mass or pain related to the local growth of a tumour mass. We hereby report a case of 51 year old man complaints of diffuse pain abdomen x 1 week. Post operative Diagnosis-?GIST. Laprotomy was done with en block dissection of tumour along with 3rd & 4th part of duodenum with proximal jejunum with duodenojejunostomy & gastrojuenostomy.

KEYWORDS: Paraganglioma, cromaffin, atecholamines.**CASE REPORT**

A 51 year old man complaints of diffuse pain abdomen x 1 week. No vomiting, No jaundice. No other complaints. O/E-P/A –Soft, No palpable mass, BS(+). Post operative Diagnosis-?GIST. Procedure done-Laprotomy with en block dissection of tumour along with 3rd & 4th part of duodenum with proximal jejunum with duodenojejunostomy & gastrojuenostomy specimen-Tumour along with 3rd & 4th part of duodenum with proximal jejunum. H/O abdominal pain x 1 week. CT scan showed possibility of primary retroperitoneal neoplasm, exophytic neoplasm (from iv part of duodenum), exophytic neoplasm from uncinated process of pancreas. Investigation results for HB-14.7, LFT-Bilirubin (Total)-1.0 Bilirubin (Direct)-0.3 Bilirubin (Indirect)-0.7 SGOT-24, SGPT-19, ALP-58, Amylase - 62, Lipase-38. **Grossly**-Received resected loop of small intestine with attached fat measuring 80cm in length. 2 tumour masses are attached at the duodenal end. 1st mass measuring 10 x 5 x 5 cm. E/S of areas of haemorrhage. C/S- multiple cyst areas with gelatinous material (cystic degeneration). It was gritty to cut,? calcification. 2nd mass measuring 10 x 5 x 5cm tumour with attached fat. C/S-cystic areas with gelatinous material (cystic degeneration) measuring 3.5 x 3.5cm rest of the mass shows fatty tissue. It was gritty to cut. ? calcification. E/S of the rest of the intestine appears normal. A small loop(bit) of intestine sent seperately in the same container measuring 2 cm in length.





Microscopy: Multiple section studied shows small intestinal mucosa & muscle layer overlying a cellular neoplasm composed of oval to polygonal cells with dark staining pleomorphic nuclei & abundant cytoplasm showing intracytoplasmic microvacuolation arranged in lobules divided by hyalinised fibrous septa. Tumour cells are arranged in sheets, in places nest cords & ribbons & also surrounding blood vessels & blood spaces, Mitotic figures & tumour emboli are seen. Resected margins & separately sent loop of intestine show normal histology. Areas of calcification are seen in hyalinised fibrous septa. Island of tumour tissue invade in to the muscle layer of other small intestine. Thin vessels are seen in the stroma. Picture is suggestive of PARAGANGLIOMA.

DISCUSSION

Extra adrenal paranglioma can occur in individuals at any age, although most arise in the fourth or fifth decades of life. Paranglioma are tumours which arise in extra adrenal paranglia. Majority of the patients with extra-adrenal abdominal paranglioma presented with complaints of abdominal pain and/or a palpable abdominal mass, however patients may be asymptomatic. Symptoms such as hypertension, flushing, sweating, headache, diaphoresis, anxiety, tachycardia or palpitations are symptoms reported in patients with increased catecholamine secretion in functional tumours. Even though imaging techniques are helpful, diagnoses of extra abdominal or intra abdominal parangliomas can only be done with careful histological. CT scan is useful for diagnosis while MRI has the highest

sensitivity in detection of extra-adrenal parangliomas as well as pheochromocytomas. Paranglioma is a rare neuroendocrine neoplasm. According to WHO classification of neuroendocrine neoplasm they arise from the chromaffin negative cells derived from embryonic negative cells. They belong to Group II tumours as categorized by Wick in updated terminology for neuroendocrine neoplasm. In the fetal life, paranglionic tissue is derived from pheochromoblasts, highly concentrated at a level extending from the root of the inferior mesenteric artery or the renal artery to the aortic bifurcation, known as the organ of Zuckerkandl. In contrast, in the adult, the mature adrenal medulla replaces the involuted organ(s) of Zuckerkandl to form the largest collection of paranglionic tissue. Extraadrenal parangliomas of the abdomen arise predominantly from paranglia located in the retroperitoneum. These paranglia are symmetrically distributed along the abdominal aorta and are closely related to the sympathetic nervous system. Treatment is surgical resection. Most of the times significant mesentery has to be removed hence resection of the bowel is inevitable and anastomosis is required. Adjunctive therapies like Radiotherapy and chemotherapy can be considered palliative in malignant cases and unresectable cases. A correlation between clinical and histological distinction between benign and malignant tumours is difficult. Only presence of metastasis can prove malignancy. Neither local nor distant metastasis are reported in parangliomas of mesentery of small intestine till date. In retroperitoneal tumours 5yrs and 10yrs survival rates are 75% and 45% respectively⁴. But the prognosis for paranglioma in the mesentery of small intestine is is not reported till date. However long term follow up after surgical resection is advised.

CONCLUSIONS

Extra adrenal paranglioma of small intestine ia a very rare disease. It is fascinating and challenging to medical fields because it carries a high risk of morbidity and mortality if it is undiagnosed or untreated. Thus pre-operative assessment, intra-operative monitoring, surgical skill and finally pathological diagnosis achieve the successful outcome. Long term follow-up is mandatory, as the tumor is prone to recur and to metastasize.

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