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ABDOMINAL MYELOID TUMOR MIMICKING PERITONEAL PSEUDOMYXOMA: CASE REPORT

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INTRODUCTION

Myolipomas are rare benign tumors composed of mature adipocytes and well--differentiated smooth muscle. They are more common in adults, predominantly in women. Often asymptomatic, diagnosis is mostly incidental via imaging tests (such as computed tomography and magnetic resonance imaging) or surgery. Mana Fukushima et al., in a retrospective study conducted in 2016, showed that these tumors were located deep within the body, mainly in the retroperitoneum, followed by the pelvis, abdominal wall, and various intra-abdominal sites.

Symptoms, if present, are nonspecific, due to the mass effect. Imaging findings suggest a well-defined mass with fat and muscle, but definitive diagnosis requires histopathological and immunohistochemical (IHC) analysis to differentiate from other soft tissue tumors.

The present study aims to report the case of a patient whose imaging tests pointed to peritoneal pseudomyxoma, but the histopathological findings from exploratory laparotomy confirmed the challenging diagnosis of abdominal myolipoma.

CASE REPORT

A 31-year-old female patient complained of abdominal enlargement and weight loss for 1 year. Abdominal magnetic resonance imaging (MRI) showed a large heterogeneous peritoneal collection, hyperintense on T2, with capturing septa, rejecting adjacent structures, suggesting peritoneal pseudomyxoma.

She underwent exploratory laparotomy, and a large lipomatous lesion was resected. Initial histopathological analysis suggested desmoid fibromatosis. However, immunohistochemistry was positive for caldesmon, calponin, desmin, HHF35, estrogen/progesterone receptors, and S100, confirming the diagnosis of myolipoma.

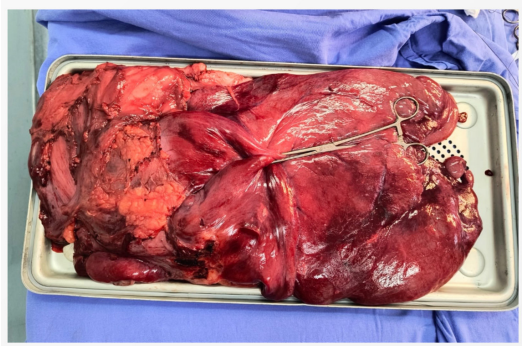

Fig. 1 - Resection product of abdominal myolipoma

DISCUSSION

The diagnosis of myolipomas is challenging due to the often nonspecific clinical and radiological presentation, requiring histopathological confirmation. This case illustrates the difficulty, with MRI findings mimicking pseudomyxoma and initial misdiagnosis on histopathology.

Confirmation depends on the identification of well-differentiated adipocyte and smooth muscle components. IHC is essential in the differential diagnosis, with positivity for smooth muscle markers (desmin, SMA, caldesmon, calponin) characteristic of the pathology. Hormone receptor expression may occur.

Despite the diagnostic complexity, the prognosis is excellent after complete surgical resection, which is considered curative for these benign tumors; no potential for recurrence or metastasis has been described.

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