

COLON INFLAMMATORY MYOFIBROBLASTIC TUMOR (a case report)

AB, MTY, RR, MM, AT, SH, AT, MM, SK

Inflammatory myofibroblastic tumor (IMT) is rare, with no evident cause. This lesion is composed by myofibroblastic spindle cells with plasma cells, lymphocytes, and eosinophils. It is considered by some authors to be a pseudotumor and listed with intermediary neoplasia in the WHO (2002) tumors classification of the soft tissues. It can occur in many anatomic sites, but the colonic location is rare.

This tumor affects generally children and young adults. Differential diagnosis includes inflammatory polyp, true inflammatory pseudotumors, dendritic cell tumors and the group of spindle cell tumors. The management is surgical. Recurrences and metastasis are possible.

We report a case of unusual location of IMT in the transverse colon in a 10-year old girl, worsening abdominal pain, fever and swelling. The neoplasm was discovered by tomography scan and confirmed by laparotomy. At gross, the tumor was well-circumscribed, with polypoid feature leading to intussusception of the colon. It was greyish-white, with haemorrhagic foci at cutting. Histologically, there was spindle cell proliferation with prominent nucleus atypia and variable rate of mitosis. These cells were associated to foamy and heterogeneous inflammatory cells. The tumor expresses diffusely Vimentine and weakly the ALK, CD68, Desmine, Actine smooth muscle and p53. pS100, CD34 and CD 117 were negative. These results support the diagnosis of IMT.

We expose anatomoclinical findings, differential diagnosis and the nosological dilemma.

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