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Case Report

Case Study on Primary Retroperitoneal Lymph Nodes

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Abstract

Patients with malignant infiltration of lymph nodes and negative history of malignancy represent a diagnostic challenge. The infiltration of lymph nodes can be related to metastases of cancer of unknown primary site, lymph proliferation, melanomas and others. There are also rare cases of carcinomas arising primarily from lymph nodes, associated with malignant transformed ectopic epithelial tissue, such as carcinoma arising in endosalpingeosis.

Keywords: Lymph Nodes; Endosalpingeosis; Metastases; Lymph Proliferation; Melanomas

Test done and their diagnosis

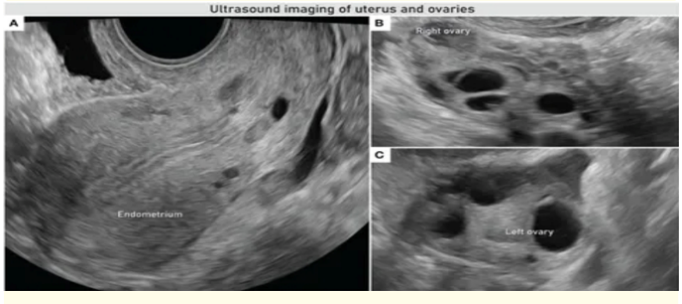

Figure 1

Its the ultrasound image of the uterus and adnexa. Uniform endometrium and right, left ovary appears normal [1].

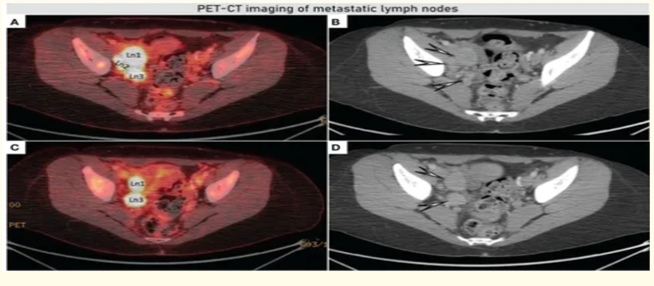

Figure 2

Ultrasound and power Doppler imaging of infiltrated lymph nodes in the right [2] obturator fossa. Transvaginal ultrasound imaging demonstrates three bulky lymph nodes: first iliac lymph node (29 × 26 × 31 mm) infiltrated of tumor nodules located in the close proximity to the right ovary (A) with visible trans capsular vessels [3] penetrating the lymph node from the outside and ring-shaped vessels marked with white circles (D). Second iliac lymph node (25 × 13 × 21 mm) was lateral to the first one, infiltrating the pelvic side wall and internal iliac vessels up to the interiliac [4] bifurcation with infiltration of the external iliac vein (B), this lymph node was less vascularized on colour Doppler images [5] (E). Third infiltrated node (26 × 13 × 30 mm) was located deeper in the pelvis, near the right lateral parametrium [6] (C), with trans capsular vessels on colour Doppler image [7].

It shows PET-CT fusion scan of the patient showing the bulky iliac lymph nodes and also shows increased absorption of 18F-FDG [8].

Ultrasound and histological studies of the patient and demonstrate the infiltrate of lymph nodes marked by yellow circles and also intranodal involvement due to [9] solid sheets differentiates poorly necrotizing carcinoma [10].

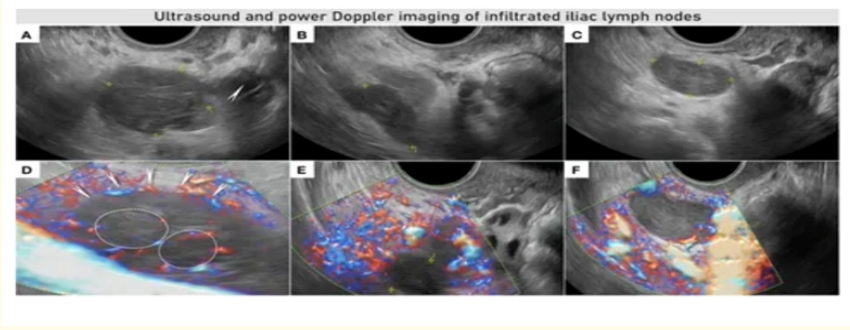

Figure 3

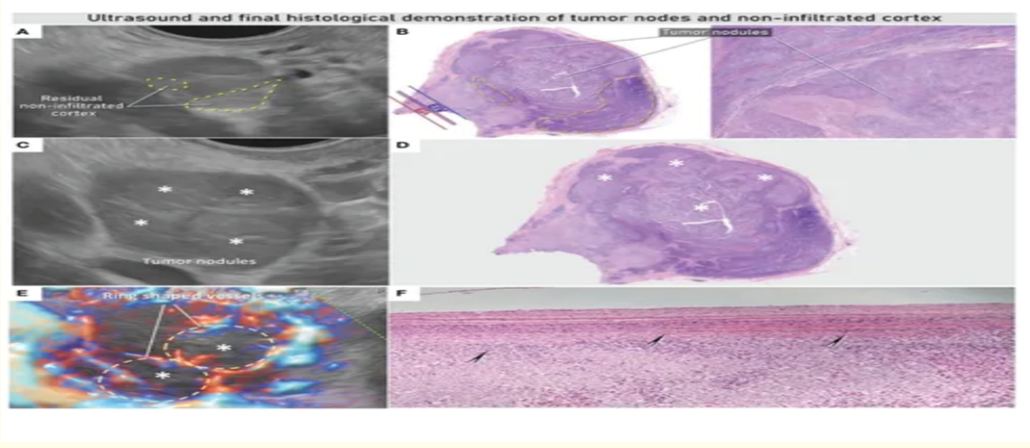

Figure 4

Discussion

We have discussed on the histology of the iliac lymphnode and magnetic resonance imaging of iliac lymph nodes and retroperitoneal lymph nodes and x ray shows bulging of lymph nodes and its pathological studies.

Conclusion

Case was observed with the retroperitoneal lymph node carcinoma.

Ethics Statement

Written consent was taken from patient to show these images.

Conflict of Interest

Author declare their is no conflict of interest.

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