



# THE YELLOW RIBBON

MANFRINI & PHO INSTITUTE OF SARCOMA RESEARCH

## Case Brief

### Patient case dossier

Name	[REDACTED]
Age	45
Gender	Female
Address	Ibra, Oman
Phone Number	[REDACTED]
Diagnosis	Plexiform Neuro Fibroma –pelvic mass with sciatic nerve involvement
Date of Diagnosis	Thursday, January 15, 2015
Procedure	Wide Local Excision Dual Approach followed by Antero-posterior Lateral Approach and Ressection
Surgeon/s	DR. PRAMOD S CHINDER
Date of Surgery	Thursday, July 4, 2024

## Brief summary of events

Date	Events	Findings
8 Yrs Back	Complains of Pain in Abdomen	Diagnosed with Pelvic Neurofibroma
2016	Surgery	Surgery done for Pelvic Neurofibroma
2022	Reccurence	Reccured Pelvic Neurofibroma
Nov 2022	Surgery	Spine Surgery was done
June 2024	Presented at HCG, Bangalore	Agravation of pain and right lower limb radiculopathy
June 2024	Presented at HCG, Bangalore	Recurrent NeuroFibroma
4th July 2024	Surgery	Wide Local Excision Dual Approach followed by AnteroPosterior Lateral Approach and Ressection

# File Uploads

PET-CT / CT / MRI / X-Ray / 3D / Planning Images

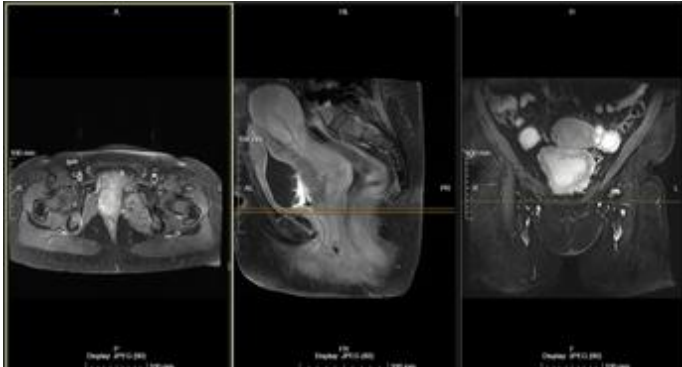
## X-Ray Images



## Findings

Sl. no.	Findings
01.	Spinal implant is in L4-L5 vertebrae
02.	There are five non- rib bearing lumbar type vertebrae
03.	Lumbar lordosis and alignment are maintained
04.	The vertebral body heights are maintained without focal osteolytic lesion
05.	Disc spaces are normal
06.	The pedicles are normal
07.	No destructive bone lesions identified
08.	Paraspinal soft tissues are unremarkable

## MRI Images



### PELVIS:

There is diffuse urinary bladder wall thickening.  
 The uterus is normal in size and outline. Well defined intensely enhancing polypoidal mass measuring 3.8 x 2.0 cm is seen arising from the anterior cervical wall.  
 Thin rim of fluid seen in the endometrial cavity.  
 The junctional zone is normal in thickness and appearance.  
 Both ovaries are enlarged in size. Right ovary measures 5 x 4 cm, left ovary measures 5 x 4.7 cm.  
 Multiple follicles are noted in both the ovaries.

### IMPRESSION:

- Relatively stable heterogeneously enhancing mass lesion in the left lateral wall of pelvis with extensions as described above.
- 3.8 x 2 cm well defined intensely enhancing polypoidal mass arising from the anterior cervical wall - likely benign cervical polyp. Suggested HPE correlation. Correlate clinically.
- Bilateral benign simple ovarian cysts.
- Left hydrosalpinx.
- Other CT findings as described above.

## Findings

Sl. no.	Findings
01.	Relatively stable heterogeneously enhancing mass lesion in the left lateral wall of pelvis with extensions as described above.
02.	3.8 x 2 cm well defined intensely enhancing polypoidal mass arising from the anterior cervical wall - likely benign cervical polyp. Suggested HPE correlation. Correlate clinically.
03.	Bilateral benign simple ovarian cysts.
04.	Left hydrosalpinx.

## PET-CT Images

AMARA SAID BASHIR HAFEDH AL QASIM, 45 Years / F Page 3

### Musculoskeletal system and lower extremities:

There is penetration of right L4 lamina. Pedicle screws and spine stabilization noted at L4 and L5 level. There is relatively stable hypodense lobulated mass lesion in the left lateral wall of pelvis extending through the lesser sciatic foramen to the gluteal region, measuring approximately 7.5 x 3.8 cm. There is abutting and displacement of the obturator internus muscle fibers. It is abutting and displacing the sciatic nerve, no evidence of infiltration noted. This is seen abutting the ischium and inferior ischiopubic ramus laterally and puborectalis muscle medially. Degenerative changes are noted in the spine.

### PET findings:

**Protocol:** With the patient fasting for 6 hours, 10mci of FDG was injected intravenously and 3D PET CT scan was performed.



Physiological concentration is seen in the heart, gut, brain, kidneys and bladder.

Increased FDG concentration is seen in the following regions (SUV as per Body Wt)

- Mass lesion in the left lateral wall of pelvis extending through the lesser sciatic foramen to the gluteal region SUV: 2.3

### IMPRESSION: PETCT:

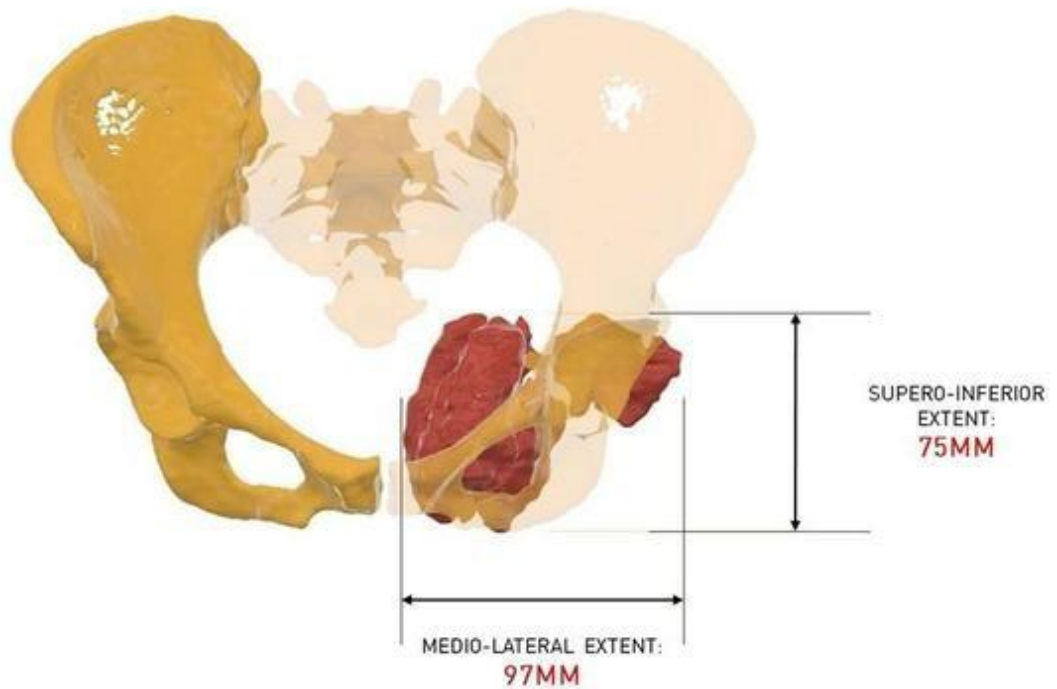
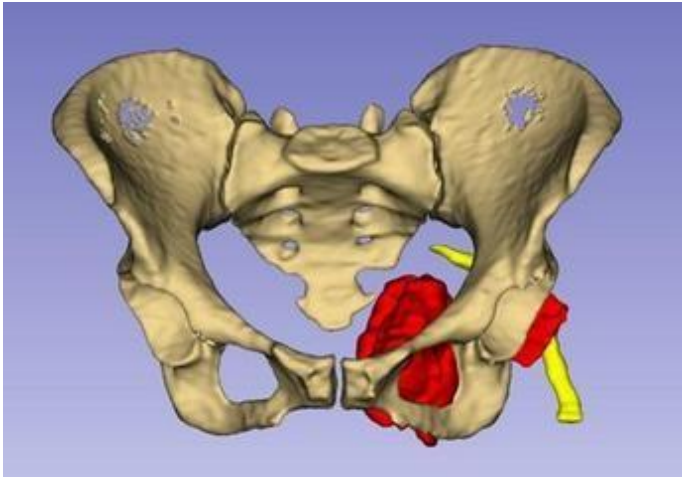
- 7.5 x 3.8 cm hypodense lobulated mass lesion in the left lateral wall of pelvis extending through the lesser sciatic foramen to the gluteal region, likely representing of neurogenic tumor. No osseous erosions.
- No distant metastases.
- Cervical polypoidal growth, likely benign.
- Other CT findings as described above.



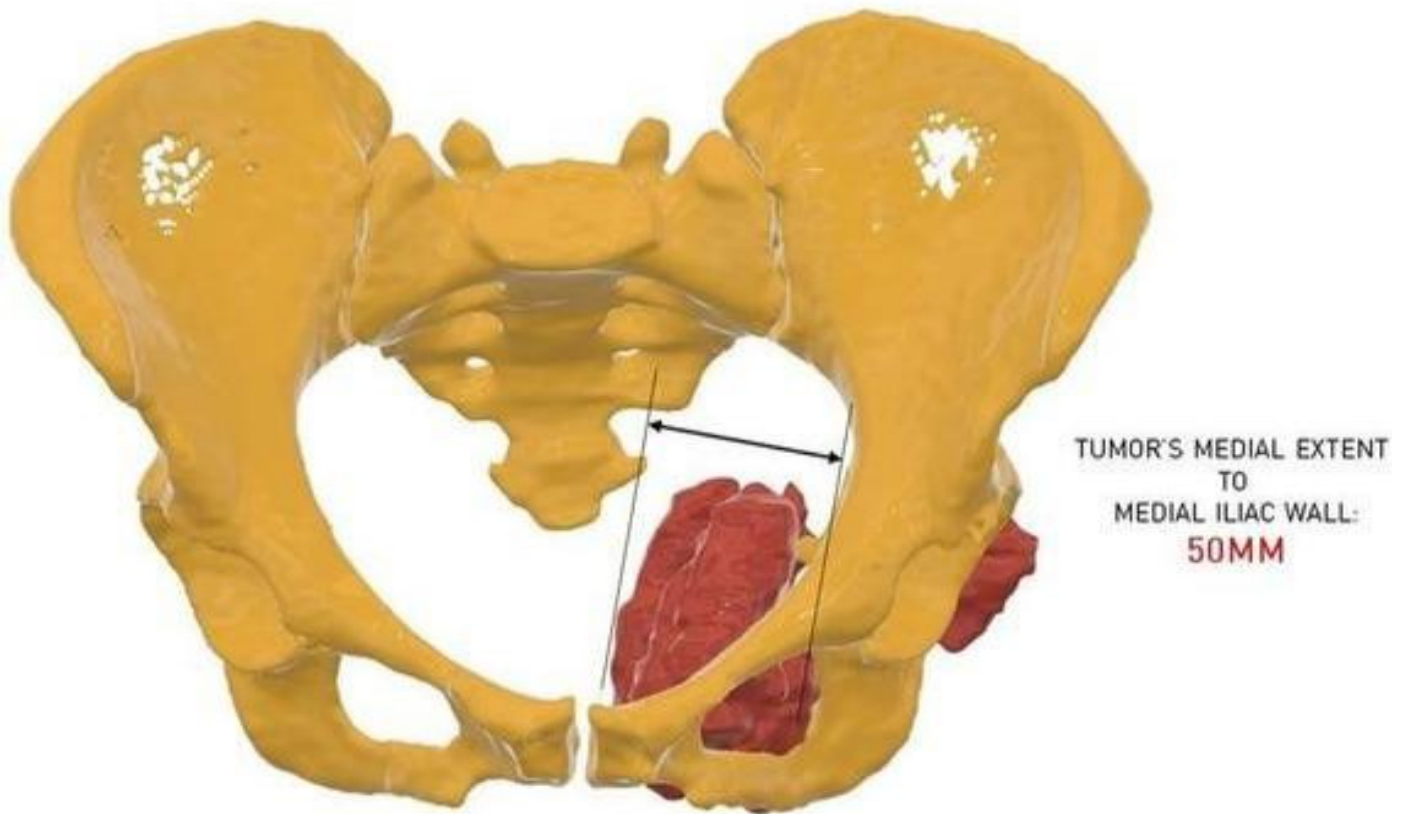
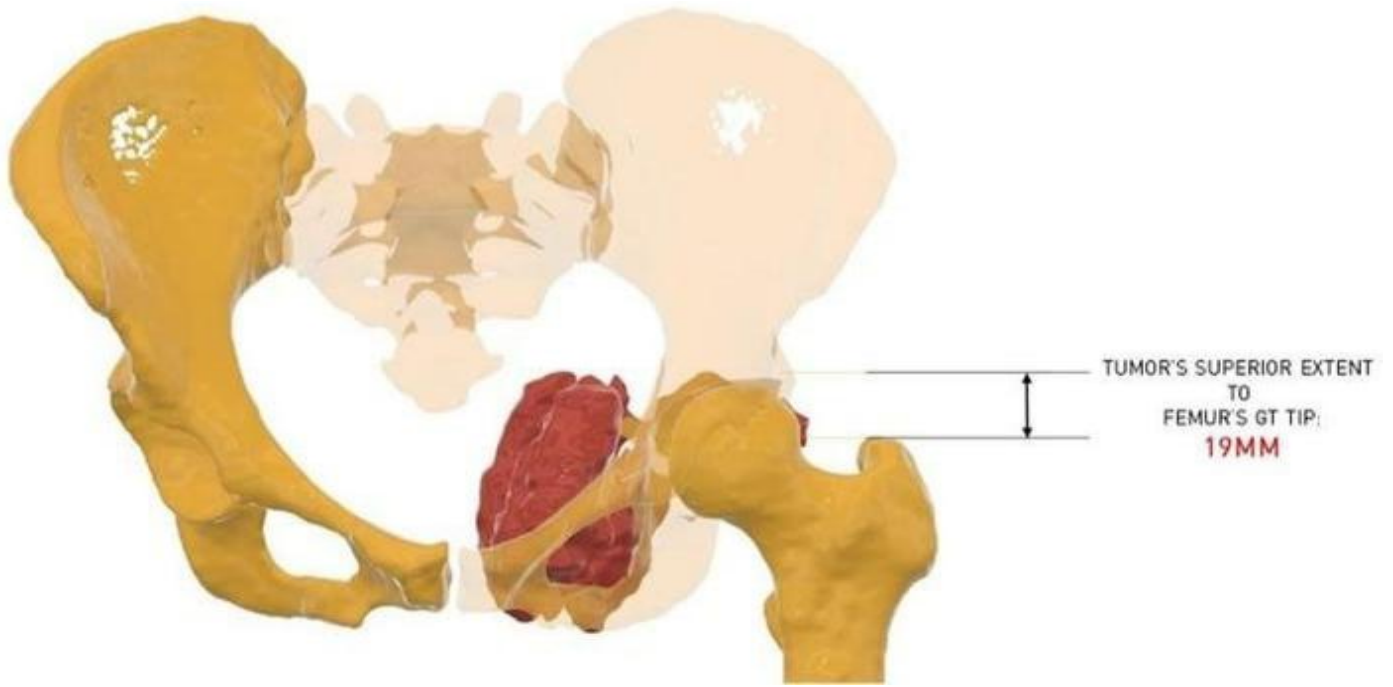
## Findings

Sl. no.	Findings
01.	7.5 x 3.8 cm hypodense lobulated mass lesion in the left lateral wall of pelvis extending through the lesser sciatic foramen to the gluteal region, likely representing of neurogenic tumor. No osseous erosions.
02.	No distant metastases.
03.	Cervical polypoidal growth, likely benign.

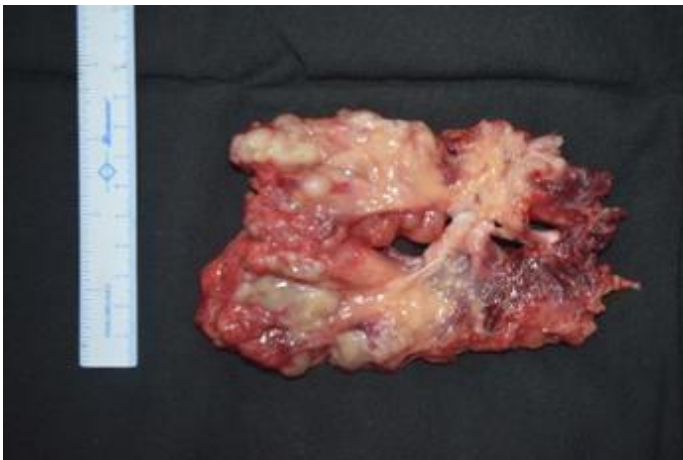
3D Images








Operative Images





## Post-Op Images (MRI/CT/PETCT/X-ray/Histopathology)

<b>Microscopic description:</b>	<p><b>1. Cold cup biopsy from bladder nodule:</b> Section reveals tiny fragment of fibrocollagenous tissue infiltrated by mononuclear inflammatory cells with proliferating capillaries. Also seen are a few giant cells. No lining epithelium, granuloma or malignancy seen.</p> <p><b>2. Posterior mass at gluteus tendon:</b> Section reveals a well circumscribed lesion comprising of fascicles of ovoid to spindle cells with elongated, wavy nucleus with tapered ends and indistinct cytoplasm. Cystic degeneration is also noted. Stroma is myxoid at places and shows mononuclear inflammatory cells. No atypia, mitoses or necrosis seen. Also, seen is a structure of nerve at the edge.</p>
<b>Impression:</b>	Features are of Neurofibroma, clinically recurrent.
<b>Comments:</b>	
	

### IMPRESSION:

- Status post excision of mass lesion in the left ischio-rectal fossa and medial gluteal region with stable post operative collection.
- Post operative changes along the left lower anterolateral abdominal wall, left inguinal region and left gluteal region as described above.
- Stable ill defined heterogeneous lesion in the uterovesical pouch.
- Stable left hydrosalpinx.
- Uterine adenomyosis.
- Other MRI findings as described above.

Dr. Revanth RB, MD  
Fellow in Onco-Imaging

Dr. Avinash Kesari, DMRD, DNB, FRCR  
Consultant Radiologist

<p>This rim of fluid seen in the endometrial cavity. There is diffuse T2 hyperintense myometrial signal abnormality with small myometrial cysts and indistinct junctional zone, representing adenomyosis.</p> <p>Both ovaries are normal in size. Right ovary measures 3.2 x 1.8 cm and left ovary measures 3.4 x 2.2 cm. Multiple follicles are noted in both the ovaries. Interval regression of cysts in both ovaries. There is interval regression of left hydrosalpinx.</p> <p>Bilateral pedicle screw fixation noted at L4-L5 levels.</p> <p><b>IMPRESSION:</b></p> <ul style="list-style-type: none"> <li>• Interval excision of mass lesion in the left ischio-rectal fossa and medial gluteal region with post operative collection.</li> <li>• Post operative changes along the left lower anterolateral abdominal wall, left inguinal region and left gluteal region as described above.</li> <li>• 8.5 x 6.1 x 11.5 cm ill defined heterogeneous lesion in the uterovesical pouch extending anteriorly along the posterior, left lateral wall of the urinary bladder and inferiorly involving the outer wall of the anterior uterine cervix with contiguous thickening along the anterior wall of the vagina as described above – representing intrapelvic plexiform neurofibroma. As compared with prior MRI study dated 10.01.2024 (done elsewhere), there is moderate interval increase in size of the lesion.</li> <li>• Interval regression of left hydrosalpinx.</li> <li>• Uterine adenomyosis.</li> <li>• Other MRI findings as described above.</li> </ul> <p>Dr. Swetha B, MD</p> <p>Dr. Avinash Kesari, DMRD, DNB, FRCR</p>
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## Findings

Sl. no.	Findings
01.	MRI REPORT - Status Post excision of mass lesion in left ischio-rectal fossa and medial gluteal region with stable post operative collection
02.	MRI REPORT - Post operative changes along the left anterolateral abdominal wall, left inguinal region and left gluteal region areas described above
03.	MRI REPORT - Stable ill defined heterogeneous lesion in the uterovesical pouch
04.	MRI REPORT - Stable left hydrosalpinx
05.	MRI REPORT - Uterine adenomyosis
06.	HISTOPATHOLOGY REPORT - Features are of Neurofibroma Clinically Recurrent

## Physiotherapy Protocol

Mobilisation with walker assistance, upper limb strengthening exercises, core strengthening exercises

### MDT Members

Name	Department
Dr. Pramod S Chinder	Consultant Orthopaedic Oncosurgeon
Dr. Abrar Mapkar	Orthopaedic Oncosurgeon
Dr. Nithin Teja Asadi	Orthopaedic Oncosurgeon
Dr. Vishwajeet	Medical Oncologist
Dr. Premitha	Radiation Oncologist
Dr. Shivkumar	Radiologist
Dr. Abhilasha	Gyne-Oncolgist

**Dr. Pramod Chinder**  
Orthopaedic Oncosurgeon