Retroperitoneal fibrosis

Retroperitoneal fibrosis

This is a relatively rare diagnosis characterised by development of a flat grey/white plaque of tissue that usually develops in the low lumbar region and later spreads laterally and upwards to encase the common iliac vessels, ureters and aorta. Histo logical appearances vary from active inflammation with a high cellular content interspersed with bundles of collagen through to one of relative acellularity and mature fibrosis/calcification. Its aetiology is obscure in most cases (idiopathic; synonym Or mond’s disease), being allied to other fibromatoses (others being Dupuytren’s contracture and Peyronie’s disease). Summary box 65.11 Causes of retroperitoneal fibrosis /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF John Kelso Ormond , 1886–1978, urologist, Ann Arbor, MI, USA. Baron Guillaume Dupuytren , 1777–1835, Surgeon in Chief, Hôtel Dieu, Paris, France. François Gig ot de la Peyronie , 1678–1747, surgeon to King Louis XIV of F Percival Pott , 1714–1788, surgeon, St Bartholomew’s Hospital, London, UK. The psoas abscess is an abscess of the retroperitoneum (Figure 6.22). At the start of the twentieth century , psoas abscess was mainly caused by TB of the spine (Pott’s disease). With the decline of M. tuberculosis as a major pathogen in resource-rich countries, a psoas abscess was mostly found secondary to direct spread of infection from the inflamed digestive or urinary tract with or without perforation. In more recent years it is most commonly seen in advanced Crohn’s disease. Rarely , it arises due to haematogenous spread from an occult source in immunocompromised patients and in association with intra - venous drug misuse. History Clinical presentation is with back pain, lassitude and fever. A swelling may point to the groin as it tracks distally along the iliopsoas muscle, under the inguinal ligament. Pain may be elicited by passive extension of the hip or a fixed flexion of the hip evident on inspection. Investigation and treatment Radiological investigation is by CT scanning and treatment is usually by percutaneous CT-guided drainage and appropriate antibiotic therapy . Surgical intervention is required if these are unsuccessful. -

Figure 65.21 Computed tomography scan demonstrating retroperi toneal space collection in acute pancreatitis. The collection

(arrows) has dissected the right mesocolon (asterisk) and duodenum, off the underlying retroperitoneum. Fluid is apparent in the retroperitoneal space. Benign Idiopathic (Ormond’s disease) Chronic in /f_l ammation Extravasation of urine Retroperitoneal irritation by leakage of blood or intestinal content Aortic aneurysm (in /f_l ammatory type) Trauma Drugs (chemotherapeutic agents and previously methysergide) Malignant Lymphoma Carcinoid tumours Secondary deposits

(especially from carcinoma of stomach, colon, breast and prostate)

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