

Hepatogastric inflammatory pseudotumor presumably deriving from prior amebic infection

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ABSTRACT

Introduction. Inflammatory pseudotumor is a rare entity with a clinical and radiographic presentation that is difficult to differentiate from malignancy. This is a case report of a large hepatogastric inflammatory pseudotumor that presumably developed from a prior amebic pseudocyst.

Case report. A 14-year-old boy presented with increasing vomiting, epigastric pain, dysphagia, asthenia and weight loss. The clinical history included an amebic infection at the age of 2 months. Instrumental investigations revealed an 8 x 6 cm left subdiaphragmatic mass inseparable from the gastric fundus, which appeared to infiltrate the left hepatic lobe. Surgery disclosed a bulky mass adhering to the gastric fundus and left hepatic lobe that prompted total gastrectomy, resection of the second and third hepatic segments, and Roux-en-Y esophagojejunal loop anastomosis. Histology subsequently confirmed that this was a pseudocyst with a large calcified nucleus surrounded by myofibroblastic proliferation associated with a diffuse lymphoplasmacytic infiltrate affecting the gastric wall and hepatic parenchyma, hence the final diagnosis of inflammatory pseudotumor, presumably in response to a prior amebic pseudocyst.

Conclusions. Inflammatory pseudotumor is a rare entity that is seldom found in the stomach. The particular interest of the present case lies in the fact that it developed in the stomach and liver, presumably deriving from a previous amebic pseudocyst.

Key words: *inflammatory pseudotumor, inflammatory myofibroblastic tumor.*

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