

(Hemangiopericytoma) 1

=Abstract=

Hemangiopericytoma of the Greater Omentum Mimicking Ovarian Tumor: a Case Report

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The hemangiopericytoma originated from the greater omentum is a very rare vascular tumor and grows to a large mass without symptoms for a long period. The diagnosis can be made on ultrasonogram, CT or MRI and angiogram with the findings of well circumscribed, solitary mass with hypervascularity in the abdominal cavity especially retroperitoneal cavity. The surgical treatment is recommended due to its possibility of malignant potential and metastasis on diagnosis. The evaluation of differential diagnosis to rule out this tumor is obligatory if a large solitary movable mass being palpated in abdomen.

We experienced a case of hemangiopericytoma of greater omentum which was diagnosed as a left ovarian tumor preparatively, and we report the case with brief review of the literatures.

Keywords: Hemangiopericytoma, Greater omentum, Neoplasm

(Greater omentum)

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,
Stout Murray) 1942
1997 4 14
가

7 × 6 cm

가 T1

. T2

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& 가 :

: G6 P5 L5 A1, 16 , 21
35 49

: 1 가 1997 3 5

: 140/80 mmHg, 82 ,
20 , 36.7

가

가

(Peritoneal cytology)

가

10.4

g/dl, 31.3%, 7400/μl(
61.9%), 168000/μl, SGOT/
SGPT 18/19 U/L, total protein 7.0 g/dl, albumin 3.9 g/
dl, BUN/Creatinin 16.4/0.9 mg/dl

CA-125 6.3 U/ml, CEA 1.9 ng/ml, -FP 1.0
ng/ml, -HCG 5mIU/ml

: X

7 cm

가

(Peritoneal fluid cytology)

가 가

8 × 7 cm

0.37

(Fig. 5).

(granulosa cell tumor),

(endo-

(Fig. 6).

metrioid)

(fibro-

ma-thecoma)

(MRI)

(staghorn)

(Fig. 7),

가 가
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 10 5
 : 7
 , 12

(Fig. 8).

Fig. 3. T2-weighted MR image shows high signal intensity mass with bright central portion suggestive of necrosis.

Fig. 1. Transabdominal longitudinal scan of the pelvic cavity shows a 7cm sized solid mass (arrow) with lobulated margin in the left pelvic cavity, antero-superior aspect of the uterus (arrow head). The left ovary is not seen.

Fig. 4. Contrast-enhanced T1 MR image shows strong contrast enhancement and signal-void intratumoral vessels. But the central portion of the mass is not enhanced.

Fig. 2. T1-weighted MR image shows a intermediate signal intensity solid mass with low signal intensity central portion in the pelvic cavity.

Fig. 5. Gross finding of hemangiopericytoma showing a solitary, well defined, tan red spherical mass with engorged omental vessels.

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 .2)

Fig. 6. Cut section of hemangiopericytoma showing red-brown cut surface with dilated vascular spaces, hemorrhage and central yellowish white fibrosis.

Fig. 9. Margin of hemangiopericytoma showing solid pattern with cellular atypia and infiltrative growth to the omental fat tissue (H-E, x200).

Fig. 7. Low-power view of hemangiopericytoma showing characteristic "staghorn" vascular pattern (H-E, x40).

Fig. 8. Hemangiopericytoma showing dilated thin-walled vessels lined by a single layer of endothelium and surrounding haphazardly arranged tumor cells with oval to spindle nuclei and indistinct cytoplasmic border with focally mitotic activity (arrow) (H-E, x400).

1942 Stout Murray
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(Zimmerman's pericyte)
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,3)
man 3) 2 1988 Gold- 72
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.4)
3%
5
. Goldmann3) 17
가 5
29%
, 12% , , ,
가
,
,
,
가 (shunt)
가
,4) Chung Henry(1995)5 IGF-II
(Insulin like growth factor II)
,6)

.7) 가 가 (staghorn)

.8) 가 가 (basal lamina)
(tumor stain) .9) (single layer) .17)

(omentum) , (neurofibroma) 가 (hyalinization)
(leiomyosarcoma), 가 가
(liposarcoma), (fibrosarcoma), (meso-
thelioma) (hemangiopericytoma) , ,
33%가 , ,
.10) 가 가 가
가 가 .11) (fascicle) 가 가
가 가 , , 가 가 , 10
2 3
, 4 .17)

cake , omental 가 .18)
가 .12) 가
, ,13,14) , 가 가
가 ,19) vincristine, cyclophosphamide, doxorubicin, dactinomycin, methotrexate, mitoxantrone
(glo- mus tumor), (mesenchymal chondrosarcoma), (synovial sarcoma) ,20) 가
(fibrous histiocytoma) . 가
, 1989 Devita21)
, 5

(lobulation) 50% 가
4 8 cm 23
.15) 1995 Bertolotto16) .
17 11 8 cm

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