

CASE 1998 #10

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Clinical History

A 39 year old Caucasian woman presented in with a chief complaint of worsening pain of the left leg and perineum, described as "sharp and burning". Review of systems elicited constipation, urinary spasms with increased frequency and incontinence, back pain and dyspareunia. On physical exam she was found to have decreased sensations of the perineum and posterior left lower extremity. She had originally presented 17 months earlier with chronic back pain and bilateral foot pain, at which time she was given a diagnosis of chronic pain syndrome and referred for PT, acupuncture and analgesics. Eight months later the patient was using daily enemas for constipation. Her diagnosis at this time was changed to mixed dysphoric hypomania complex (personality disorder). After repeated ER visits for symptoms of bowel obstruction, careful neurological examination one month later revealed decreased sensations to the back, buttocks, and LLE, with diminished vibratory sense. CT and MRI in April were reported as normal. Repeat MRI at presentation demonstrated a bilobed tumor at the S2 nerve root.

Past medical history

At age 20 bilateral wedge resections for "cystic ovaries" (pathology report not available)
At age 22 retroperitoneal cyst: encapsulated pink cell tumor with melanin
At age 26 gastric wall tumor: pink cell tumor, well differentiated hepatocellular carcinoma vs. adrenal rest
At age 27 left hepatic lobectomy: encapsulated pink cell tumor with melanin
At age 29 bilateral adrenalectomies: L) adrenal cortical proliferation of uncertain malignant potential.
R) nodular hyperplasia of the adrenal cortex
The same year ear and buttock: myxoid neurofibroma, thigh: dermatofibroma
At age 30 thyroidectomy: papillary thyroid carcinoma
At age 32 wedge resections of RLL of lung: metastatic adrenal cortical carcinoma
At age 33 gastric submucosa: metastatic adrenal cortical carcinoma
At age 34 right oophorectomy: serous cystadenoma, leydig cell hyperplasia
At age 38 breast: myxoid fibroadenoma

Material submitted: One H&E and one unstained slide of sacral mass

Points for discussion: 1. Diagnosis of sacral mass, including pathogenesis
2. Clinical significance of present lesion
3. Clinical significance of past medical history

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