Abstract: Abstract Inflammatory myofibroblastic tumors (IMT) have emerged from within the broad category of inflammatory pseudotumors with distinctive clinical, pathological and molecular features. We report a case of IMT of the mesentery in an adult patient, the true incidence of which is not known.

Keyword: Inflammatory myofibroblastic tumor, mesenteric tumor

INTRODUCTION: Inflammatory pseudotumor is a generic term applied to a variety of neoplastic and non-neoplastic entities that share a common histological appearance, a bland spindle cell proliferation with prominent, usually chronic inflammatory infiltrate. Over the last two decades, inflammatory myofibroblastic tumor (IMT) has emerged from within this broad category, with distinctive clinical, pathological and molecular features. IMTs shows a predilection for the visceral soft tissues of children and adolescents and has a tendency for local recurrence, but only a small risk for distant metastasis.

CASE REPORT: We report a case of a 70 year old male, who presented with complaints of an asymptomatic mass in the lower abdomen for a duration of 2 months. Examination revealed that the patient was anaemic and had a large visible infra-umbilical, intra-abdominal mass. Radiological evaluation revealed a suspected large retroperitoneal soft tissue tumour. Intra operative findings showed a hard tumor arising from the mesentry of the small bowel. Histopathological evaluation showed that the tumor was an Inflammatory Myofibroblastic Tumor. Patient has been on regular follow up for the past 3 months without any evidence of recurrence.

Microscopy - Neoplasm composed of spindle cells arranged in whorls and bundles separated by collagenous fibrous bands. Focal areas of lymphoid infiltrate esp. around blood vessels and scattered eosinophilic plasma cells
DISCUSSION: Inflammatory myofibroblastic tumors (IMT) earlier considered to be an aberrant/ exaggerated tissue response to trauma, infection, or an autoimmune response are now considered a neoplasm because of recurrent involvement of 2p23 chromosomal region, occasional aggressive local behavior and metastasis of tumour. The true incidence of mesenteric tumors is not known as not enough information is not available in the English literature, which mainly consists of single case reports. Most reported presentations are in children or adolescents. Most common site of occurrence is the lung followed by mesentry and omentum. Microscopy classically shows spindle cells arranged as fasicles with plasma cells in a lymphocytic/ fibrous background. Tumor cells show diffuse staining for desmin and vimentin and focal staining for smooth muscle actin. Anaplastic lymphoma kinase(ALK) positivity is seen. Surgery is the recommended treatment and good outcomes are seen with excision. Metastasis is rare (lung/bone). Recurrence has been reported within one year. Prognosis is usually good in the absence of metastasis. CONCLUSION: IMTs are uncomon, true neoplasms with biological behavior that range in most cases from benign to the rare aggressive variants. Final diagnosis should be based on histomorphological features and immunohistochemical analysis. Morphology is not a reliable parameter to predict the outcome. Complete surgical excision and a long-term multidisciplinary follow up is the most indicated therapeutic approach.

BIBLIOGRAPHY