Case Report

Presacral fibroma in a young laborer presenting with chronic lumbago

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ABSTRACT

A 24-year-old patient had a long history of low backache. After examination he was found to have a presacral mass grossly displacing the rectum anteriorly. Surgical exploration revealed a large rounded mass (20x17x10cm) occupying the presacral space and adherent to the sacral promontory. The mass was totally excised. The histology was a benign fibroma. The patient persued an excellent post-operative course and has remained symptom free for one year now.

Keywords: Backache, myxoma, fibrous tissues, mesenchyme, fibroma.

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Fibroma, solitary fibrous tumor, fibromyxoma, submesothelioma and localized benign mesothelioma are all synonyms for a rare tumor of mesenchymal origin. Most of these tumors are reported in the pleura, however, extrapleural origin has occasionally been reported.[1] The pendulum of uncertainty swings between a mesothelial and mesenchymal histogenesis of these tumors but the latter is now being preferred.[2] We report a case of presacral fibroma, which has been discovered in a case of long standing lumbago; a diagnosis that could rarely be borne in mind when investigating a young patient for backache.

Case Report. A 24-year-old male presented with low backache for 4 years. He had many consultations, reassurances and remedies. Recently the pain started radiating down the left lower limb without a crippling effect. He had an ill-defined and barely palpable suprapubic mass. Sigmoidoscopy could not be advanced beyond 10cm from the anal verge. Barium enema revealed that the rectum was grossly displaced anteriorly **(Figure 1).** Computerized tomography (CT) reported a presacral mass with circumscribed margins (20x17x10cm). On exploration via an infra-umbilical midline incision the mass was found circumscribed and fixed to the sacral promontory. The mass was removed totally in pieces with great difficulty. It was firm and strongly adherent to the sacrum. There was a gritty sensation of cutting through fibrous tissues. The sacral nerves were not involved and hence preserved **(Figure 2)**. The histopathology revealed an encapsulated tumor with spindle shaped cells arranged in bundles and producing collagen without any mitotic activity, there were few epithelial cells. The patient had uneventful postoperative course apart from symptoms of difficulty in micturition, which subsided in a few weeks. He resumed his normal work as a laborer for 6 months, now.

Discussion. Solitary fibrous tumor is a rare entity, commonly described in the pleura but several other sites have been reported, including the heart[3,4] nasal cavity,[5] urinary bladder[6] spinal nerve roots,[7] peritoneal, retroperitoneal sites[8] and perianal region.[9] The presacral type is extremely rare and the diagnostic dilemma could cause significant delay in diagnosis.

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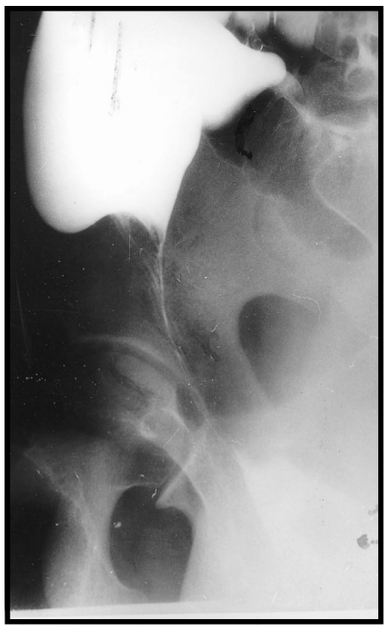

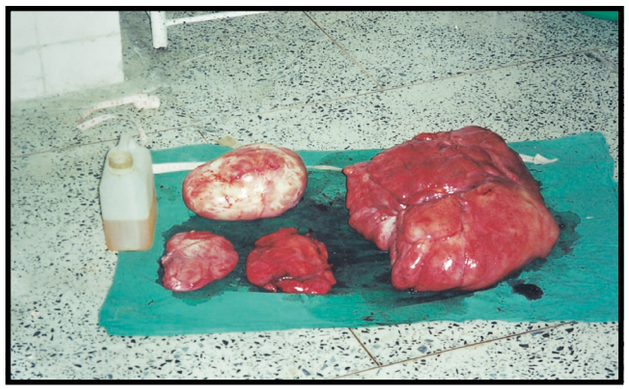

Figure 1 - Lateral view of a barium enema showing the rectum benign displaced forward by a presacral soft tissue mass. **Figure 2 -** A photograph of the resected specimen in pieces.

Lumbago can be natural in a hard working laborer. Plain x-ray of the spine is the first line of investigation, often not informative as muscle sprain is the usual finding and hence reassurance, painkiller prescription are the usual first line of management. Persistence of the pain radiating down the left lower limb with a vague suprapubic mass in our patient lead to formal rectal examination that was limited by failure of the sigmoidoscope to pass up the sigmoid colon. The barium enema illustrated the lesion satisfactorily. The smooth outline of the sigmoid colon indicated the benign nature of the lesion and further CT scan showed a big sized lesion. The presacral site is in an extremely rare location. Chun[10] described the diagnostic magnetic resonance imaging (MRI) findings in a small solitary fibrous lesion (7x6x3cm) with calcification. However in our case the tumor had a diameter of (20x17x10cm) which made the displaced rectum well outlined in the contrast barium examination. Other very rare tumors that were described in the presacral space and are considered in the differential diagnosis include teratoma, neurogenic tumor and fibrous histiocytoma.

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