IRAP 4/25/2022 – Northwestern

Case 1:

The patient is a 40-year-old woman with a history of endometriosis who presented in a year ago with recurrent pelvic pain. CT abdomen/pelvis from an outside hospital revealed "something on the bladder." She was treated for interstitial cystitis and referred for pelvic floor physical therapy. Her pain persisted, and a repeat CT abdomen/pelvis revealed an incidental tubular serpiginous fluid density lesion within the right labia majora. Follow-up MRI of the pelvis demonstrated a mildly enhancing 7.9 x 2.5 x 2.7 cm T2 hyperintense tubular lesion in the right labia majora, with an apparent small tract extending to a small caliber vessel at the anterior aspect of the vagina. She underwent left pudendal nerve block, followed by embolization for suspected AV malformation. The mass persisted, and she underwent excision.

Case 2:

The patient is a 21-year-old man who noticed intermittent swelling in the left groin over the course of a few months. Imaging performed at that time showed a possible enlarged inguinal lymph node, measuring 3.1 x 1.8 cm. Repeat imaging 6 months later revealed increasing lymph node size (5 cm x 5 cm) with new mediastinal, hilar and cervical lymphadenopathy. Ultrasound guided biopsy of the enlarged inguinal lymph node was performed to evaluate for a possible malignancy.

Case 3:

The patient is a 25-year-old man presenting with anemia and fatigue for the past 3 months. Preliminary work up was unremarkable. His fatigue acutely worsened, and he presented to a hospital in Ethiopia. An upper endoscopy demonstrated an "ulcer at the duodenal bulb that oozes blood" and a CT abdomen/pelvis showed a "pancreatic head-neck mass, eroding the stomach and duodenum." He underwent further diagnostic workup at Northwestern, where imaging demonstrated a 7.1 x 4.3 cm partially necrotic pancreatic head mass, inseparable from descending portion of the duodenum, and encasing main portal vein, celiac trunk, and proximal celiac arterial branches. He underwent a biopsy of the pancreatic head mass.

Case 4:

The patient is a 65-year-old woman with history of medial sphenoid wing meningioma removed 12 years ago. Surveillance MRI revealed an apparent recurrence. During this time, she had progressive diplopia and lid lag but no changes in visual acuity. She also reported some paresthesia of the right face. She underwent surgical resection of the mass.

Case 5:

The patient is a 43-year-old man who presents with a slowly enlarging right plantar mass. He noticed the mass initially 3-4 years ago, and it recently became painful while playing hockey. MRI imaging showed a 7.0 x 5.7 x 3.6 cm lobulated mostly hypoenhancing mass of the lateral plantar aspect of the forefoot with features concerning for sarcoma. He underwent resection of the mass.

Case 6:

The patient is a 63-year-old man with a past history of HIV on HAART with a detectable viral load and acute myeloid leukemia (*IDH1, SRSF2, RUNX1, TET2, PHF6,* and *CEBPA* mutant). His AML was originally diagnosed 6 months ago. He was treated with 7+3 chemotherapy regimen. A follow-up bone marrow biopsy one month later revealed AML with 81% blasts. He was then treated with Ivosidenib. While undergoing a workup for a stem cell transplant, a 1.6 cm right renal mass was noted on MRI. The renal mass had a small area of enhancement concerning for a neoplastic process.

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