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SURGICAL IMAGES

Liver scalloping: Pseudomyxoma peritonei liver compression



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Available online 3 December 2018

KEYWORDS

Scalloping;
Pseudomyxome;
Peritoine;
CHIP;
Mucocèle

Summary Pseudomyxoma peritonei is a rare tumor characterized by the presence of mucous disseminated throughout the peritoneal cavity generally arising from the rupture of an appendicular mucocele. Liver scalloping is a highly suggestive image of pseudomyxoma and corresponds to the indentation of the liver compressed by the gelatinous mucin.

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Pseudomyxoma peritonei (PMP) is a rare tumor characterized by the dissemination of mucous in the peritoneal cavity excreted by adenomucinous tumor cells that have invaded the peritoneum. This invasion is the final stage of a process that starts by the rupture of a localized mucinous tumor. Tumors giving rise to PMP are generally appendicular mucoceles, more rarely ovarian mucinous cystadenoma and cystadenocarcinoma [1].

The clinical course is slow. The tumor is generally discovered on an imaging proposed to search for the origin of an appendicular syndrome or because of an increased abdominal circumference related to an excessive amount of mucine

excreted into the abdominal cavity. Tumor markers (CA19-9 and CEA) are generally elevated.

Radiological elements suggestive of pseudomyxoma include well-designed liver scalloping due to extrinsic compression of the liver by the gelatinous mass, partitioning and the peritoneal effusion, together with curvilinear calcifications [2]. It is noteworthy that this scalloping can be observed even when the excreted volume is very low [3]. Computed tomography (CT) and magnetic resonance imaging (MRI) of the abdomen are needed for the preoperative assessment of resectability. MRI may provide more information than CT for assessing the degree of bowel involvement [4,5].

The gold standard treatment for PMP in a curative situation is cytoreductive surgery combined with hyperthermic intraperitoneal chemotherapy [6,7]. In a palliative situation, tumor debulking may be proposed (Fig. 1).

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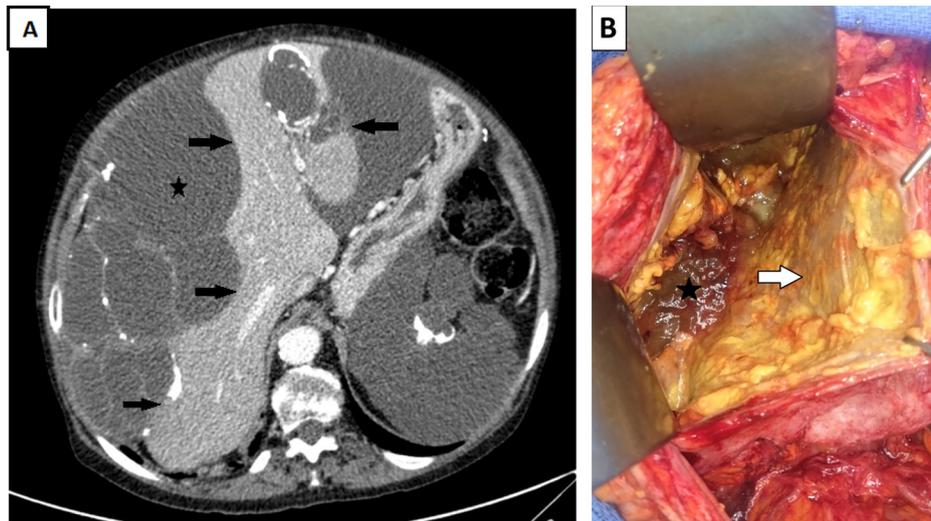


Figure 1.

Disclosure of interest

The authors declare that they have no competing interest.

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