Mohammed Raza et al., Surgery Curr Res 2014, 4:6
http://dx.doi.org/10.4172/2161-1076.S1.018

OMICS Group Conferences
Accelerating Scientific Discovery

3rd International Conference on
Surgery and Anesthesia
November 17-19, 2014 Chicago, USA

Neurilemmoma: A rare presentation as a retroperitoneal cyst

Mohammed Raza, Shivanand Reddy K V, Dileep M, MohinderVishwanath and Lalit Kumar V
JSS Medical College, India

Neurilemmomas are benign, encapsulated tumors of the nerve sheath. Their cells of origin are thought to be Schwann cells derived from the neural crest. These masses usually arise from the side of a nerve, are well encapsulated, and have a unique histologic pattern.Cystic lesions of the retroperitoneum can be classified as either neoplastic or non-neoplastic. Neoplastic lesions include cystic lymphangioma, mucinous cystadenoma, cystic teratoma, cystic mesothelioma, mullerian cyst, epidermoid cyst, tailgut cyst, bronchogenic cyst, cystic change in solid neoplasms, pseudomyxoma retroperitoneal, and perianal mucinous carcinoma. Non-neoplastic lesions include pancreatic pseudocyst, non-pancreaticpseudocyst, lymphocele, urinoma, and hematoma. Because the clinical implications of and therapeutic strategies for retroperitoneal cystic masses vary depending on the cause, the ability to non-invasively differentiate between masses is important. Although there is substantial overlap of computed tomographic (CT) findings in various retroperitoneal cysts, some CT features, along with clinical characteristics, may suggest a specific diagnosis. CT may provide important information regarding lesion location, size, and shape; the presence and thickness of a wall; the presence of septa, calcifications, or fat; and involvement of adjacent structures. The most important clinical parameters include patient gender, age, symptoms, and clinical history. Nuerilemmomas presenting as retroperitoneal cystic mass is extremely rare with incidence being 0.2 to 1%.

shivanand0288@gmail.com