A CASE OF IDIOPATHIC RETROPERITONEAL FIBROSIS AS A DIFFERENTIAL DIAGNOSIS OF DEEP VENOUS THROMBOSIS (DVT) – CASE REPORT

Danielly Dantas Pimentel^{1,*}, Taisa Morete da Silva¹, Iane Tamara Donde¹, Patricia Milani de Moraes¹, Carlos Augusto Rodrigues Padilha¹, Juliana de Jesus Boscolo¹, Renata Vaz de Oliveira¹, Gustavo Roberto Lourenço¹, Maria Juliana da Silva Almeida¹

1.Faculdade de Medicina de São José do Rio Preto, São José do Rio Preto (SP), Brazil.

*Corresponding author: daniellydantas2011@gmail.com

BACKGROUND

Retroperitoneal fibrosis (RPF) is a rare condition characterized by the presence of inflammatory and fibrous tissue in the retroperitoneum. It might be primary (idiopathic) or secondary. Multifactorial pathogenesis is likely, and environmental and genetic factors contribute to disease susceptibility.

CASE REPORT

Female, 36 years old, reported that a significant edema has appeared throughout the right lower limb (RLL) after a long-lasting car trip, worsening over the days. She denied loss of sensitivity or local pain, considering the hypothesis of deep vein thrombosis (DVT); however, discarded after unaltered Doppler ultrasound. Performed tomography computerized (CT) of the abdomen that evidenced fibrotic retroperitoneal mass. It had normal autoantibodies, serum immunoglobulin G4 (IgG4) and C3 and C4 complement, but had high inflammatory evidence. Opted for pulse therapy with methylprednisolone and maintenance with prednisone 1 mg/kg. The patient evolved with gradual improvement of edema and disproportion of members.

CONCLUSION

Idiopathic RPF accounts for 70% of cases and may be related to IgG4 or not, while the secondary may result from infections, malignancies, medications, and retroperitoneal bleeding. The patient did not show signs of secondary RPF, getting the hypothesis of idiopathic RPF unrelated to IgG4. Common symptoms of disease are pain or isolated malaise, anorexia, loss of weight, fever, nausea and vomiting. They may also have edema of lower limbs, thrombophlebitis or deep vein thrombosis resulting from obstruction of the inferior vena cava and/or iliac veins. At the time, the patient presented only disproportion of lower limbs, with no other complaints. The diagnosis is usually done by contrast-enhanced CT or magnetic resonance imaging (MRI), being typical findings of idiopathic RPF the presence of a retroperitoneal confluent mass, with homogeneous attenuation similar to muscle, which surrounds the anterior and lateral sides of the aorta, surrounds and compresses the inferior vena cava and often causes a medial deviation of the ureters, findings evidenced in the patient's examination. The treatment with glucocorticoids is the mainstay of therapy for idiopathic RPF. We deal with prednisone at a dose of 1 mg/kg/day for 4 weeks. A few days after starting glucocorticoid therapy, pain and symptoms generally get better and ESR and CRP drop drastically. After treatment, a decompression was observed in the patient's iliac vein and limbs proportion.

KEYWORDS:

Retroperitoneal fibrosis, Inferior vena cava, glucocorticoid.