

Abdominal paraganglioma in a pediatric patient

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A 9-year-old boy presented with abdominal pain. Abdominal US showed a large cystic mass measuring 13.4×6.8 cm associated with several peripheral solid nodules (*M*) (Fig. 1, arrows). CT confirmed the large cystic abdominal mass (*M*) (Fig. 2) with an enhancing nodular periphery (arrows). Surgical pathology showed cystic paraganglioma.

Paraganglioma is a rare neuroendocrine neoplasm arising from the paraganglionic cells found in various anatomic locations [1, 2]. As a result of excess secretion of catecholamine, patients with a functioning paraganglioma commonly present with palpitations, headache, sweating, and hyperten-

sion [1, 2]. In contrast, patients with a nonfunctioning paraganglioma typically present with an enlarging palpable mass or associated pain, as in this patient [2]. Although complete surgical resection usually results in a cure, approximately 20–42% of paragangliomas can metastasize to regional lymph nodes, bone, liver, and lungs [1, 2]. On imaging, paragangliomas are usually large (>3 cm) and hypervascular, and they often demonstrate extensive internal cystic degeneration [1, 2].

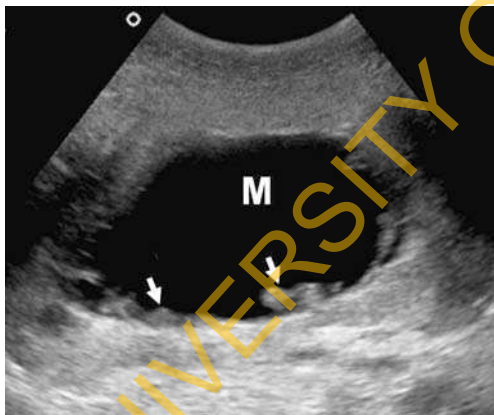


Fig. 1 Transverse abdominal US image



Fig. 2 Coronal reformatted CT image

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