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Unique case of retroperitoneal fibrosis masking: a metastatic adenocarcinoma of unknown origin

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Retroperitoneal fibrosis secondary to malignant disease is a rare condition associated with an ominous prognosis. We present the first reported case of retroperitoneal fibrosis related to metastatic adenocarcinoma of a primary occult tumor. This is a 64-year-old Caucasian male presented to the emergency department with his third episode of anuric acute renal failure despite bilateral ureteral stent placements and revision. A month earlier at first presentation with anuria, a CT scan revealed moderate bilateral hydronephrosis. He had an unprovoked DVT diagnosed 3 months prior. Examination demonstrated suprapubic tenderness and mild peripheral edema and no palpable lymphadenopathy. His creatinine was elevated at 5.42 and Hg low at 11.5 mg/dL. CEA was elevated at 220.4, with normal CA 19-9, PSA and AFP. His IgG-4 (98 mg/dL), LDH, ESR and CRP were elevated. Colonoscopy showed moderate diverticulosis of sigmoid colon with wall thickening. A F-18-FDG PET scan showed multifocal areas of metastatic malignancy in the neck, chest, abdomen, pelvis and bones. A liver biopsy showed infiltration by malignant epithelial cells in nests, consistent with gastrointestinal tract adenocarcinoma. Larger bilateral ureteral stents were placed and he was discharged 8 days later with normalised creatinine. Palliative outpatient chemotherapy was commenced. This case illustrates the importance of careful workup looking for an underlying cause of RF. Although malignancy is a relatively rare cause, its potential was highlighted by the unprovoked DVT, weight loss and smoking. The elevated CEA and subsequent PET scan led to a diagnostic biopsy. Recognition of this syndrome is critical in institution of appropriate therapy.

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