

Conclusions

This case report emphasizes the importance of using ultrasound before starting anticoagulation therapy in patients suspected of having deep vein thrombosis. The use of point-of-care ultrasound can avoid the consequences of both unnecessary treatment and missed diagnosis of the venous thromboembolic disease process. **BJHM**

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LEARNING POINTS

- This case illustrates the importance of imaging a spontaneous tender unilateral calf swelling in the emergency department before empirical management.
- Misdiagnosis of calf haematomas as deep venous thrombosis and the consequences of anticoagulation require immediate treatment to avoid serious consequences to the patient.
- Point-of-care-ultrasound performed by emergency physicians provides better and safer care in the emergency department.

Images in Medicine

An unusual cause of chronic back pain: retroperitoneal ganglioneuroma

A 37-year-old woman was referred with back pain of 6 months' duration. Diagnostic imaging demonstrated a mass of approximately 30 mm diameter.

Given these inconclusive results, endoscopic ultrasonography, guided-fine needle aspiration and exploratory laparotomy were undertaken. A tumour 30x30 mm was found in the angle between the left gastric and splenic artery (*Figures 1a* and *b*) and was completely resected (*Figure 1c*). Histopathological evaluation reported a ganglioneuroma (*Figure 1d*), and

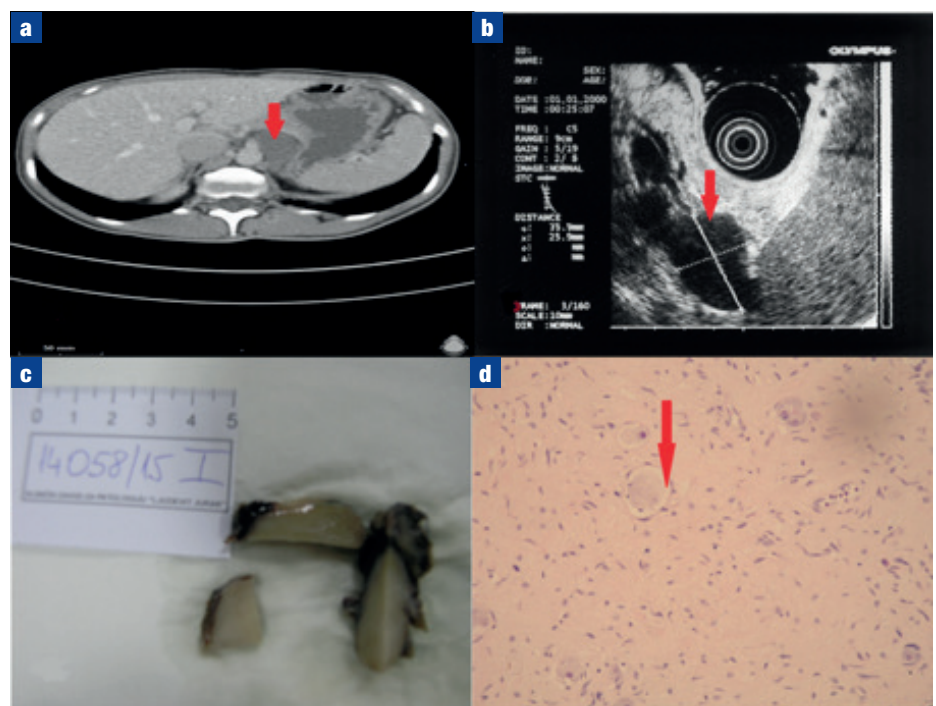
the patient was released from the hospital on day 5, in good condition. Nine months after surgery, the patient was asymptomatic and there were no signs of recurrence.

This case represents a seldom published example of a symptomatic retroperitoneal

ganglioneuroma, a particular type of peripheral nerve sheath tumour. This patient had a significantly smaller tumour than average, and the symptomatic presentation occurred at an older age than usually seen. **BJHM**

Figure 1. a. Computed tomography of the abdomen: located between the coeliac trunk and superior mesenteric artery, is a round, irregular, hypodense area 27 mm in long-axis diameter (arrow).

b. Endoscopic ultrasound: oval hyperechoic tumour (arrow). **c.** Macroscopic picture: well-defined, retroperitoneal mass, 30x30 mm, grayish colour on the cross-section. **d.** Clearly seen ganglion cells (arrow), there is no sign of atypia, mitosis or a blastemic component (haematoxylin and eosin x 200).



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