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Aggressive fibromatosis: a case report

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Introduction: Aggressive Fibromatosis is a rare condition that occurs when fibroblast cells undergo mutations and become desmoid tumors. Despite their benign nature and their slow-growing musculoaponeurotic evolution, they have no metastatic potential. However, aggressive fibromatosis is locally aggressive. These tumors are associated with women fertile age, especially during and after pregnancy.

Case Report: A 46-years-old female patient presented with low back pain radiating into left glute in March 2012. It was first assumed as a muscle contracture and medicated with analgesics and anti inflammatory drugs. On April 2012 she came again to Primary Care due to the same reason and we've sent her to an Orthopedic specialist who recommended physiatric treatment. In January 2014 she returned but now with a widespread pain so we've tested her for Fibromyalgia and she had >9 painful tender points. At this time we've decided to initiate Duloxetine 60mg and Diazepam 5mg. In October 2014 the low back pain radiating to left glute came back again, more severe this time, we've suggested an ultrasound scan that revealed a 8cm mass with some inflammatory signs, without contracture characteristics. At this time a MRI was recommended and the result was a neoformations process up to 5cm in the left lumbar region compatible with extra abdominal aggressive fibromatosis. The patient was sent to the Oncology group and a wide local excision was proposed.

Discussion: Extra abdominal desmoid type fibromatosis arises from the connective tissue of muscle and its overlying aponeurosis or fascia. It is a non-metastasizing fibrous tumour and characterised by infiltrative invasion of soft tissues and a high propensity for local recurrence after surgical extension.

Conclusions: Low back pain is extremely common in primary care. Although the main causes are benign and treated with anti inflammatory drugs, a recurrent low back pain should require further investigation.