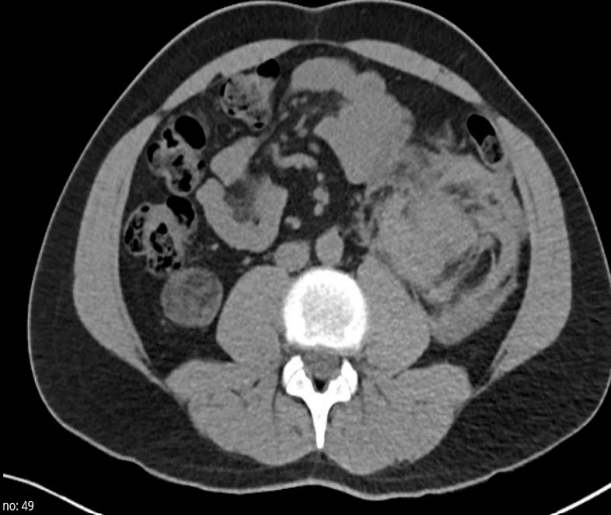
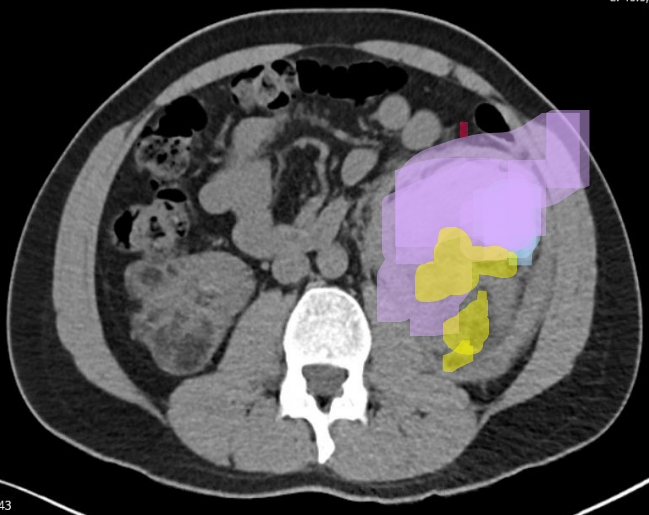
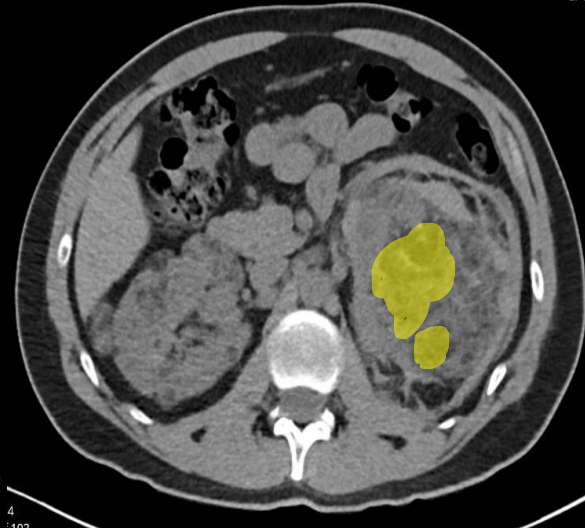
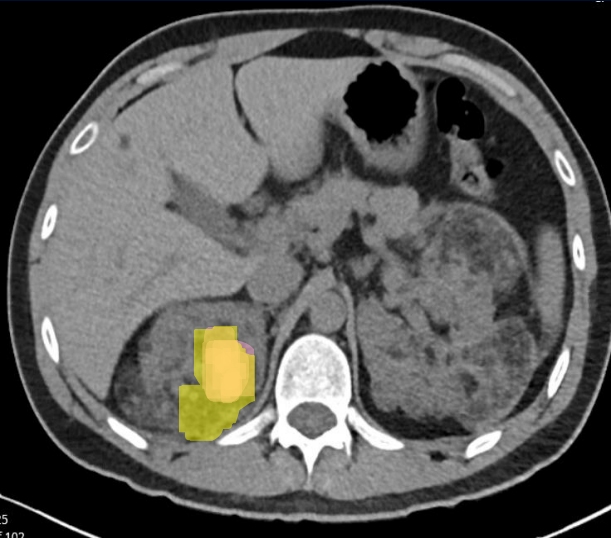
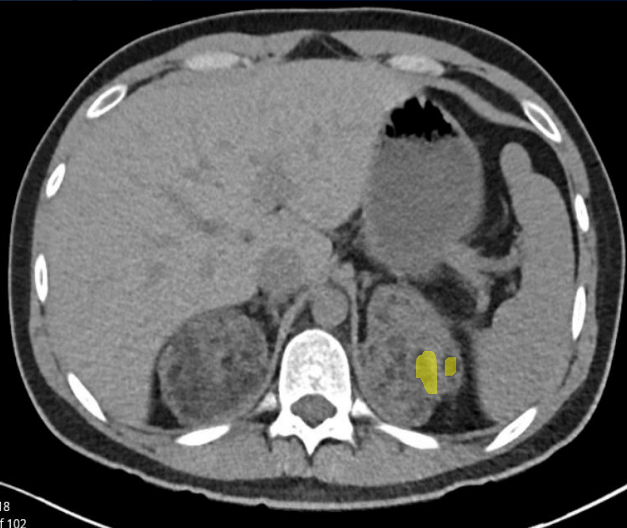


36-year-old male with tuberous
sclerosis presenting with
spontaneous, nontraumatic
abdominal pain

Maria Antony, MS3

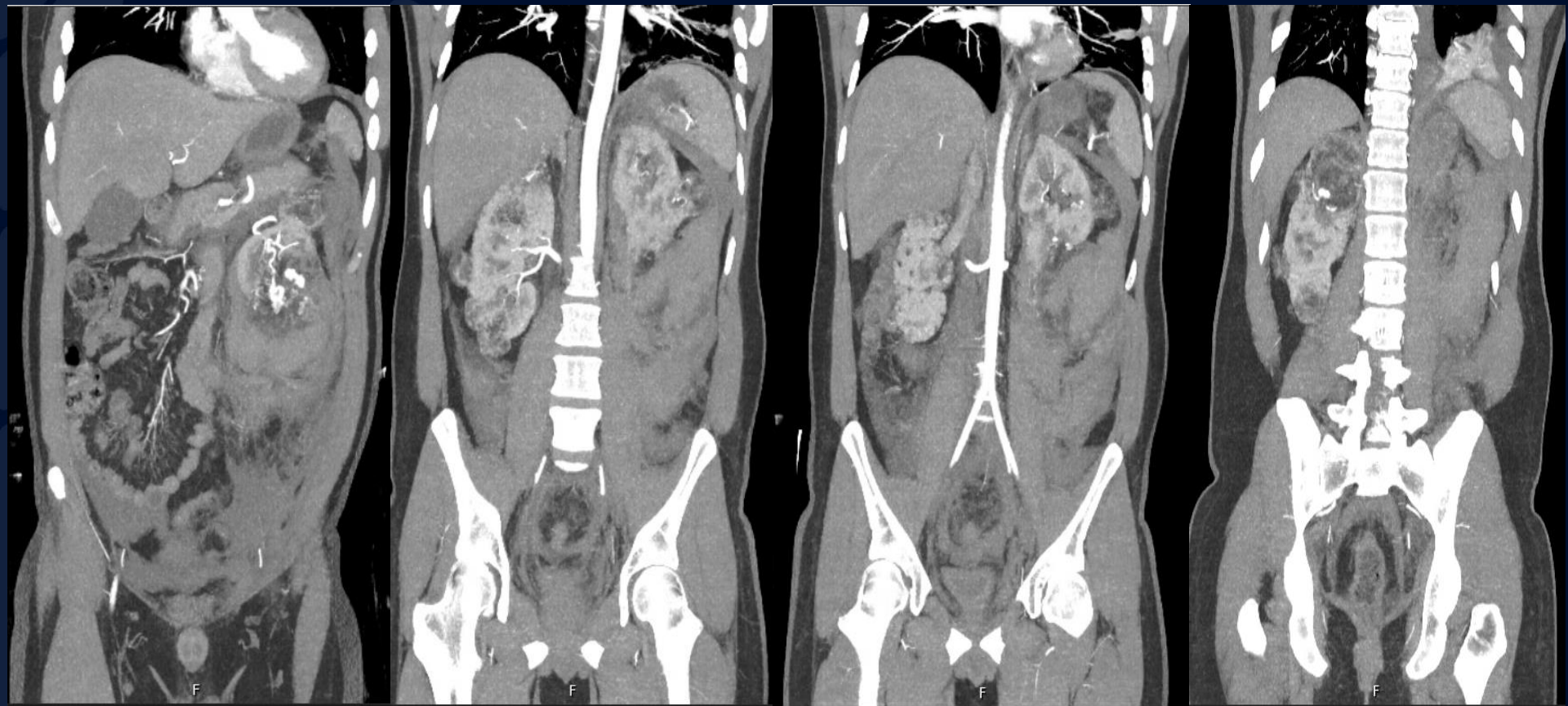
Non-contrast CT



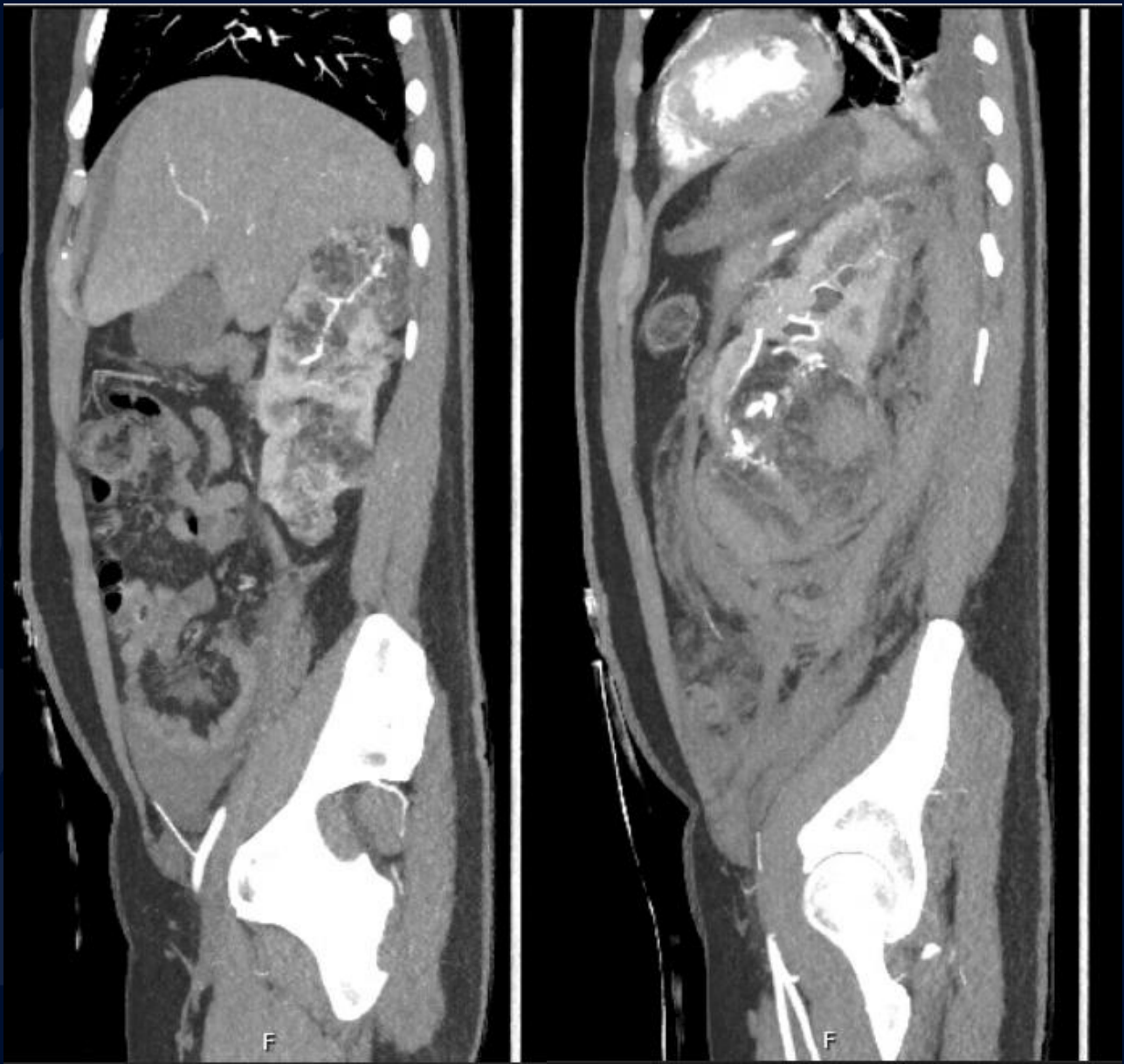
Non-contrast CT



Contrast enhanced CT, Nephrogenic Phase



Contrast enhanced CT, Nephrogenic Phase

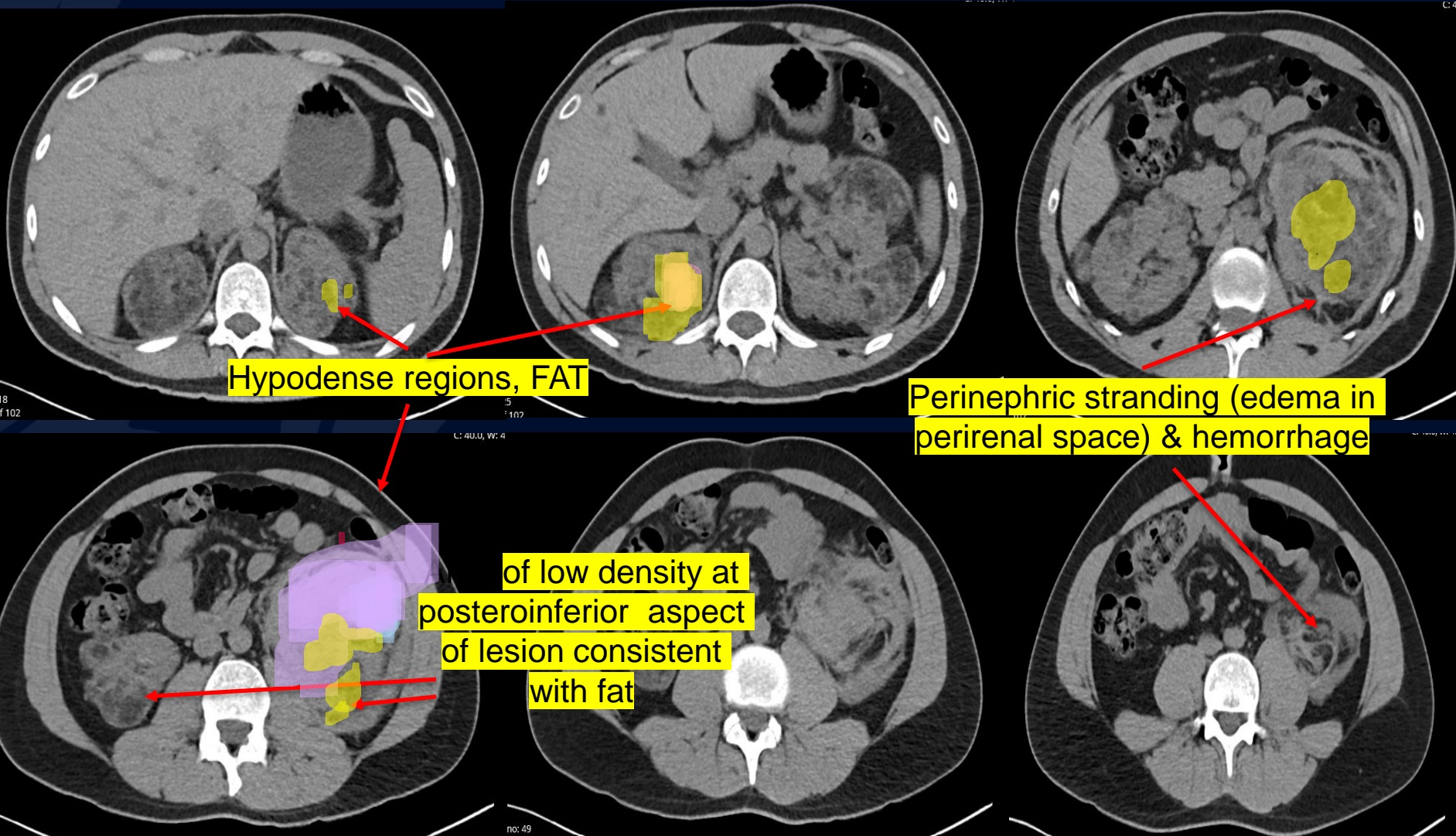


A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching out, with a wavy, lobed edge.

?

Angiomyolipoma

Non-contrast CT



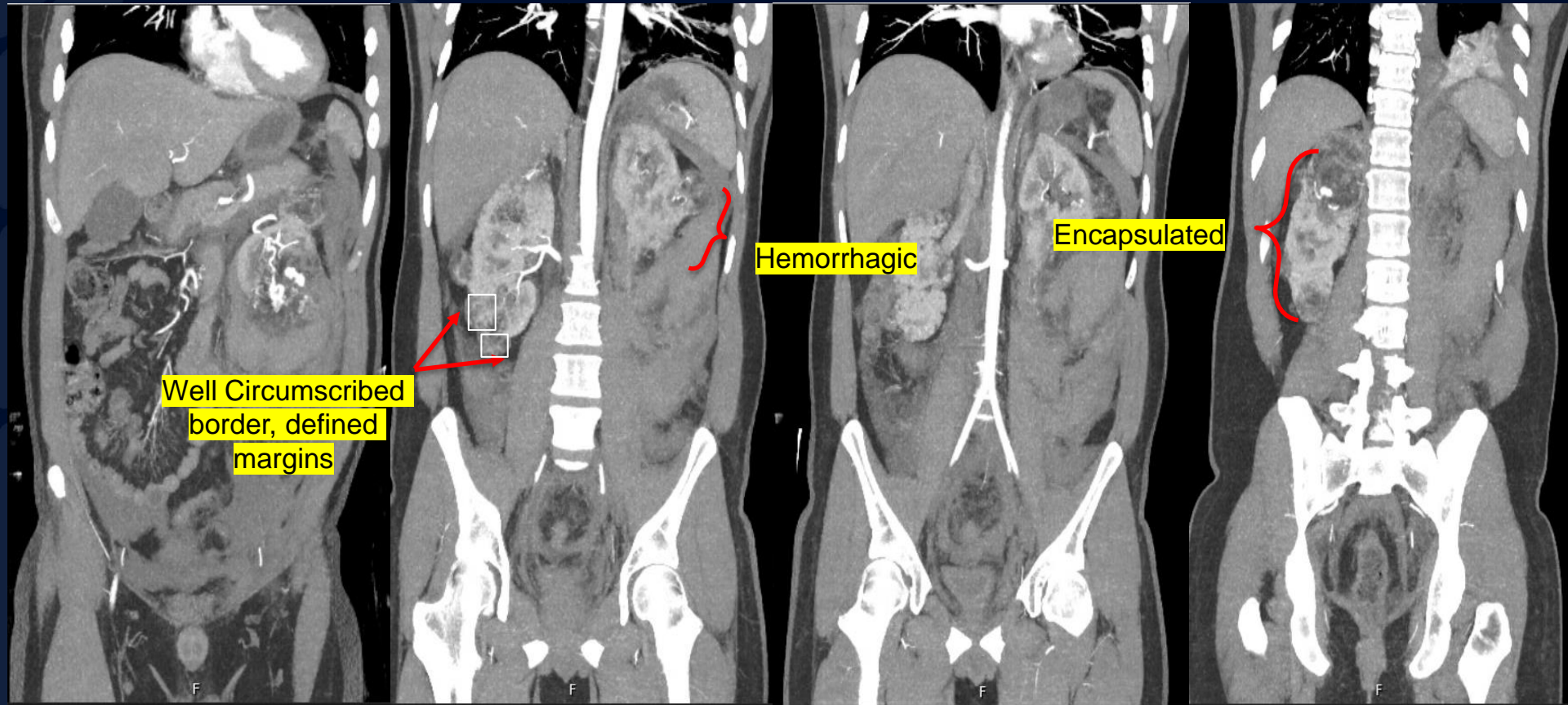
Hypodense regions, FAT

Perinephric stranding (edema in perirenal space) & hemorrhage

of low density at posteroinferior aspect of lesion consistent with fat

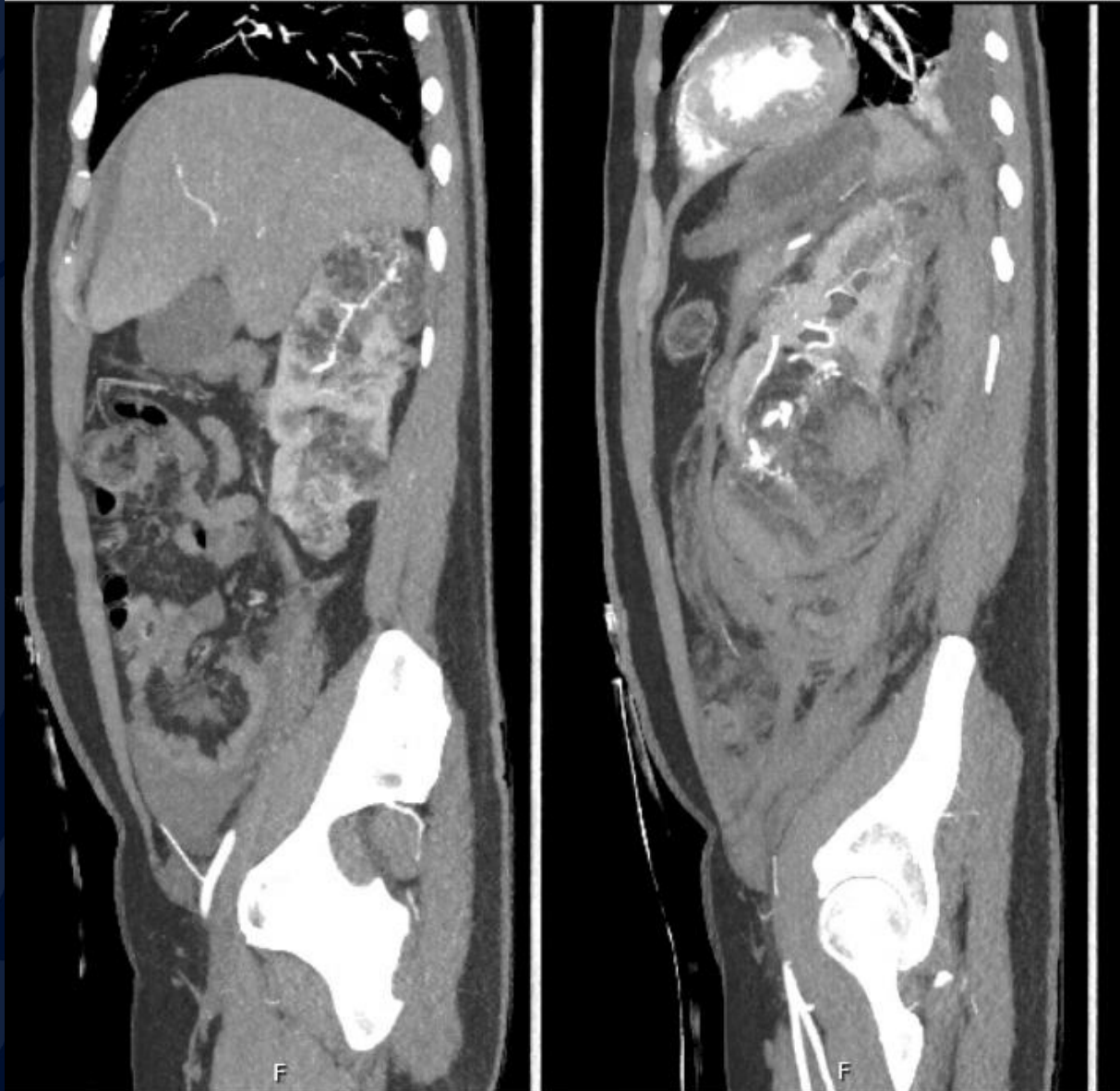
> 10 cm left exophytic, lower pole of heterogenous density

Contrast enhanced CT, Nephrogenic Phase



Large heterogenous mass with macroscopic fat content, measuring about 17 cm in craniocaudal dimension

Contrast enhanced CT, Nephrogenic Phase



Suspicion for active bleed from AML on the left side

Multiple AML's > 4 cm

Abnormal aneurysmal dilations within AML's bilaterally

Angiomyolipoma (AML)

Common benign renal mass, often detected incidentally or following an acute bleed (particularly in masses > 6 cm)

Given the multifocality and bilaterality of this presentation, there is high suspicion for underlying hereditary etiology

- Differential Diagnosis for hereditary AML:
 - Tuberous Sclerosis Complex (most likely)
 - Up to 80% of patients with TSC will develop AML
 - Von Hippel Lindau
 - Neurofibromatosis

CT

- Both non-contrast and contrast CT Abdomen consistent with multiple non-enhancing hypodense, heterogenous renal masses suggestive of fat containing masses

Treatment for AML in Patients with TSC

- 1st line treatment of asymptomatic AML's > 3cm is low dose Everolimus
- 2nd line treatment is prophylactic embolization or nephron sparing surgery

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