Table 1: Differential diagnoses of NMVH

	NMVH	Crohn's disease	Tuberculosis	NSAID (Diaphragm disease)	Ischaemia/Radiation	Neurofibromatosis / Sipple disease
Common site	Small bowel/ cecum	Small bowel	Ileocecal	Small bowel	Small and large bowel	Multiple organs
Gross	Single/Multiple strictures	Multiple strictures, cobblestone appearance	Transverse stricture	Superficial ulceration with stricture	Stricture	
Nerve fibres	++	++	+	++	–	++
Ganglion cells	++	++	+/–	++	–	+
Muscularization of submucosa	++	++	+/–	++	–	–
Granulomas	–	+/–	+	–	–	–
Vascular changes	++	+	+	++	+	–
Mucosal ulceration	+	+/–	+	+	+/–	–
Fissuring	+/–	+	+	–	+/–	–
Transmural inflammation	–	+	–	–	–	–
Fibrosis	–	+	++	+	++	–
Smooth muscle fibre drop out	–	–	–	–	+	–
Nuclear atypia	–	–	–	–	+	–
Drug intake	–	–	–	++	–	–

with pathological findings.

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References

1. Fernando SSE, Mcgovern VJ. Neuromuscular and vascular hamartoma of small bowel. *Gut*. 1982;**23**:1008–12.
2. Shepherd NA, Jass JR. Neuromuscular and vascular hamartoma of the small intestine: is it Crohn's disease? *Gut*. 1987;**28**:1663–8.
3. De Petris G, López JI. Histopathology of diaphragm disease of the small intestine: a study of 10 cases from a single institution. *Am J Clin Pathol*. 2008;**130**:518–25.
4. de Sanctis S, Qureshi T, Stebbing JF. Clinical and pathological overlap in nonsteroidal anti-inflammatory drug-related small bowel diaphragm disease and the neuromuscular and vascular hamartoma of the small bowel. *Am J Surg Pathol*. 2001;**25**:539–41.
5. Stewart IC. Neurovascular hamartoma in a Meckel's diverticulum. *Br J Clin Pract*. 1985;**39**:411–12.
6. Shiomi T, Kameyama K, Kawano Y, Shimizu Y, Takabayashi T, Okada Y. Neuromuscular and vascular hamartoma of the cecum. *Virchows Arch*. 2002;**440**:338–40.
7. Hemmings CT. Neuromuscular and vascular hamartoma arising in a Meckel's diverticulum. *Pathology*. 2006;**38**:173–4.
8. Smith CE, Filipe MI, Owen WJ. Neuromuscular and vascular hamartoma of small bowel presenting as inflammatory bowel disease. *Gut*. 1986;**27**:964–9.
9. Kwasnik EN, Tahan SR, Lowell JA, Weinstein B. Neuromuscular and vascular hamartoma of the small bowel. *Dig Dis Sci*. 1989;**34**:108–10.

Giant hydatid cyst of the liver

A 65-year-old woman presented with complaints of progressively increasing distension of the upper abdomen associated with mild abdominal discomfort for the past one year. There was no history of fever, jaundice, alteration of bowel habits or constitutional symptoms. Physical examination revealed a large cystic lump in the epigastrium and right hypochondrium, extending up to the right lumbar and umbilical region (**Figure 1**). She had a normal haemogram and the biochemical investigations revealed normal liver and renal function tests. Ultrasound abdomen and contrast-enhanced computed tomography (CECT) scan of the abdomen showed a 19×15×12.5 cm cystic mass in liver segments V, VI and VII of the right lobe, extending into the hepatorenal fossa and compressing the right kidney—suggestive of a large hydatid cyst (Gharbi type I) (**Figure 2**). The diagnosis was supported by a positive serology for antibodies (titre 1:800) to

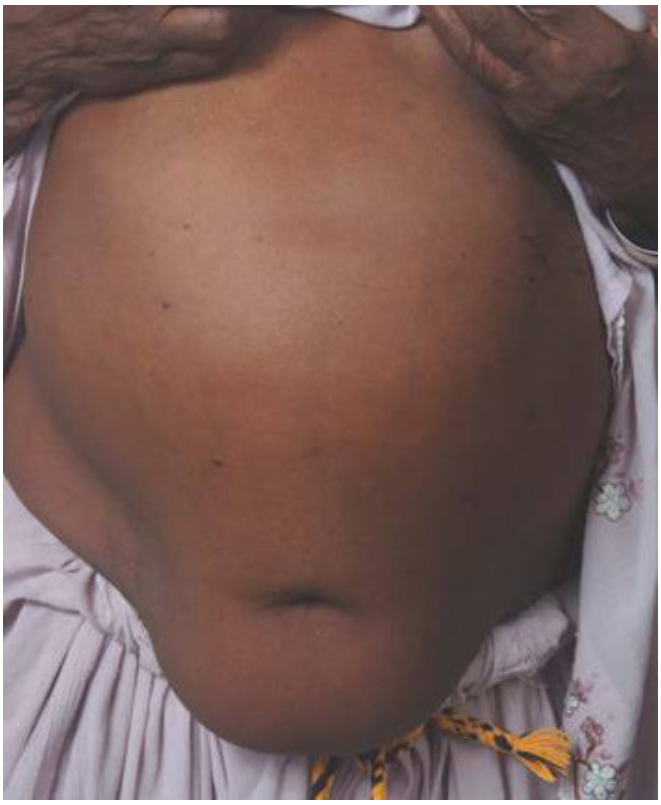

Figure 1: Photograph of the patient showing a large abdominal lump due to giant hydatid cyst of the liver.

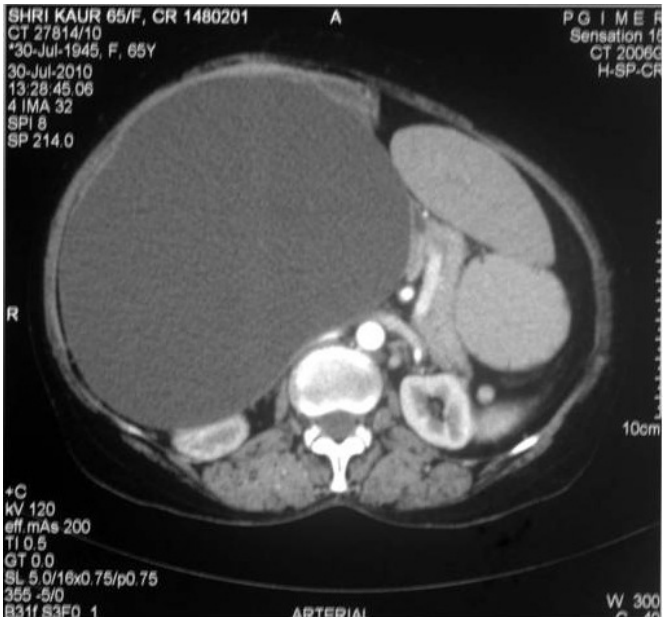

Figure 2: Contrast-enhanced CT scan of the abdomen showing a 19 cm x 15 cm x 12.5 cm cystic mass in the V, VI and VII segment of the right lobe of the liver, extending into the hepatorenal fossa and compressing the right kidney.

Echinococcus granulosus. Surgery was performed for deroofing of the cyst combined with omentopexy.

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An unusual presentation of Castleman's disease

Introduction

Castleman's disease is a rare lymphoproliferative condition of unknown origin, which was first described in 1954.[1] In the majority of reported cases, the disorder is located in the mediastinum, whereas mesenteric involvement is very unusual.[2] Clinically, it may present as unicentric or multicentric disease and histologically it is classified as hyaline vascular, plasma-cell and mixed-cellular type. The hyaline vascular type is found most commonly in unicentric disease and plasma-cell type in multicentric disease. We describe a case of plasma-cell variant mesenteric Castleman's disease which presented as a mass in the abdomen.

Case report

A 30-year-old man presented with pain of 4 months duration in the left upper part of the abdomen. The patient also noticed a lump in the abdomen 2 months before presentation. Examination of the abdomen showed a firm, smooth lump in the left lumbar region, 4 cm × 4 cm in size. It was non-tender and mobile in all directions. Mild splenomegaly was also present. Investigations showed the presence of anaemia (haemoglobin 8.2 g/dL) of normocytic and normochromic RBCs without any evidence of atypical cells and an ESR of 40 mm. Contrast-enhanced computed tomography (CECT) scan of the abdomen and the thorax showed a well-defined mass 6 cm × 6 cm in size arising from the mesentery on the left side with mild hepatosplenomegaly. Fibrotic lesions were present in the upper lobes of both the lungs with no mediastinal lymph node