Key Role of Image Guided Fine Needle Aspiration Cytology in Diagnosing Intra-Abdominal Lesions

Sireesha Kolla, Renuka Venkata Inuganti, Chaitra.B* and Tejeswini Vaddatti
Dept of Pathology, NRI Medical college, Chinakakani, Guntur, Andhra Pradesh, India-

ABSTRACT

Background: Masses in the abdominal cavity are often deep, non-palpable and palpable at times which can be inflammatory, benign or malignant. With increased sophistication of radiologic imaging techniques these deep seated lesions are detected more frequently and confirmed tissue diagnosis is essential for both planning of treatment and staging in case of malignant lesions. Image guided aspiration is an effective way to obtain diagnostic material and avoid diagnostic laparotomy. This study was conducted to categorize various intra-abdominal lesions according to their site of involvement, study their cytomorphological features, and classify them as benign, malignant and inflammatory and assess the utility of image-guided cytology in the diagnosis of intra-abdominal lesions.

Methods: This cross sectional study approved was done on image guided fine needle aspiration cytology smears of intra-abdominal masses. Age, sex and site details were retrieved from the archives. Hematoxylin and Eosin stained smears were reviewed by the Cytopathologist and diagnosis was arrived at after correlating with clinical and radiological data. Core biopsy or excision biopsy of the available cases were also reviewed and checked for correlation.

Result: A total of 120 cases were studied with age ranging from 18-81years, 30% of patients were in the 61-70 years age group, followed by 27% cases in 51-60 years age group and 20% cases in 41-50 years age group. The male to female ratio was 1.03:1. 62.5% of cases were from hepatobiliary region, followed by 17.5% cases from pancreatic masses and 11 cases (9.16%) from ovarian masses. 80% cases were malignant, 10% were inflammatory cases, 9.2% cases were inconclusive and 1 (0.8%) benign lesion. Among the malignant lesions primary malignancies (Hepatocellular carcinomas and Adenocarcinomas) were more common than secondary deposits. This study showed 88.9% sensitivity, 83.3% specificity and 87.5% of diagnostic accuracy.

Conclusion: Image guided aspiration of intra-abdominal lesion is a simple, economical, less complicated and less time consuming procedure that differentiates between malignant and non malignant conditions with high accuracy and can be used as pre-operative diagnostic procedure for planning further management of patient.

Keywords: Intra-Abdominal, Image Guided Aspiration, Hepatocellular Carcinoma, Pancreatic Masses, Ovarian Masses

Introduction

Fine needle aspiration cytology (FNAC) is a simple, rapid, and cost effective method of investigating a superficial palpable mass which requires little additional resources and carries insignificant morbidity. Masses arising in the abdominal cavity are often deep, non-palpable and palpable at times. These lesions can be inflammatory, benign or malignant. With increased sophistication of radiologic imaging techniques these deep seated lesions are detected more frequently, but imaging techniques does not always distinguish between malignant and benign lesions morphologically. A confirmed tissue diagnosis is essential for both planning of treatment and staging in case of malignant lesions. Image guided, either ultrasound (USG) or Computed tomography (CT) guided FNAC is an effective way to obtain diagnostic material.

At times it may not be possible to give a specific diagnosis, but cytological patterns will suggest some clue and help in further planning for the benefit of patients.

This study was conducted to categorize various intra-abdominal lesions according to their site of involvement, study their cytomorphological features, and classify them as benign, malignant and inflammatory and assess the utility of image-guided cytology in the diagnosis of intra-abdominal lesions.

Materials and Methods

This is a cross sectional study approved by institutional ethical committee on image guided fine needle aspiration cytology smears of intra-abdominal masses received during the period of July 2015 to July 2019 at Department of Pathology.
Age, sex and site details were retrieved from the FNAC requisition forms. FNAC smears were stained with hematoxylin and eosin, reviewed by the pathologist and diagnosis was arrived at after correlating with clinical and radiological data. Core biopsy or excision biopsy of the available cases were also reviewed and checked for correlation.

Hemorrhagic aspirates or smears where yield was not enough to arrive at a diagnosis were considered inconclusive cases.

**Results**

In the present study, a total of 120 patients who underwent image guided FNAC for intra-abdominal lesions were studied. Age ranged from 18-81 years and 36 cases (30%) of patients were in the age group of 61-70 years followed by 33 cases (27%) in 51-60 years age group and 23 cases (20%) were in 41-50 years age group. There was a slight male predominance with male to female ratio of 1.03:1.

Of 120 cases, a majority of 75 cases (62.5%) were from hepatobiliary region, followed by 21 cases (17.5%) of pancreatic masses and 9.16% cases of ovarian masses (Table 1).

According to cytomorphology, most of the lesions i.e, 96 cases (80%) were malignant, followed by 12 (10%) inflammatory cases, 11 (9.2%) inconclusive and 0.8% was benign lesion (Table 2).

### Table 1: Site wise distribution of Image guided FNAC of Intra-abdominal lesions.

<table>
<thead>
<tr>
<th>Site</th>
<th>Number of cases</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver &amp; Gall bladder</td>
<td>75</td>
<td>62.5</td>
</tr>
<tr>
<td>Pancreas</td>
<td>21</td>
<td>17.5</td>
</tr>
<tr>
<td>Ovary</td>
<td>11</td>
<td>9.2</td>
</tr>
<tr>
<td>Kidney</td>
<td>3</td>
<td>2.5</td>
</tr>
<tr>
<td>Lymphnodes</td>
<td>3</td>
<td>2.5</td>
</tr>
<tr>
<td>Omentum</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>Iliac Fossa</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>GIT</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Retroperitoneum</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Epigastric region</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>120</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

### Table 2: Nature of lesions of Image guided FNAC of Intra-abdominal Masses:

<table>
<thead>
<tr>
<th>Nature</th>
<th>No.of patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inflammatory</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Neoplastic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Benign</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>2. Malignant</td>
<td>96</td>
<td>80</td>
</tr>
<tr>
<td>a. Primary</td>
<td>63</td>
<td>52.5</td>
</tr>
<tr>
<td>b. Secondary</td>
<td>33</td>
<td>27.5</td>
</tr>
<tr>
<td>Inconclusive</td>
<td>11</td>
<td>9.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>120</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Among the total 96 malignant lesions, 62 cases showed lesion in the hepatobiliary region, of which, 34 cases were primary carcinomas (figure 1) and 28 cases were secondary metastatic deposits. Secondary deposits included adenocarcinoma (figure 2), squamous cell carcinoma (figure 3) and neuroendocrine carcinoma from known cases of malignancy in digestive tract and lungs. Malignant lesions in liver were more common in males.

Among the 12 cases of inflammatory lesions, 7 cases were of hepatic abscesses, 2 cases were renal abscess, 1 case was empyema of gallbladder, 1 case was abscess in iliac fossa and 1 case in epigastric fossa was reported as nonspecific inflammation.

Among the 4 gallbladder FNAC cases, 3 were Mucin secreting Adenocarcinoma, 1 non mucin secreting adenocarcinoma (figure 4) and 1 case was empyema of gallbladder.

Among the 21 pancreatic FNAC cases, adenocarcinoma (figure 5) was the most common lesion. Among the 11 ovarian aspirations, 3 cases were papillary adenocarcinomas (figure 6), 3 cases were germ cell tumours, 1 case of Krukenberg tumor and 1 case was a benign neoplasm.

11 cases of intra-abdominal masses FNACs were inconclusive, 5 from liver, 3 from ovary, 2 from lymphnodes and 1 from pancreas.

Histopathological correlation was present in 24 cases out of 120 with sensitivity of 88.9%, specificity 83.3% and diagnostic accuracy of 87.5%.
Fig. 1: Hepatocellular carcinoma: Sheets and trabeculae of malignant cells with abundant eosinophilic cytoplasm, increased nucleocytoplasmic ratio, prominent nucleoli and intranuclear inclusions, Hematoxylin & eosin, a. x100, b. x400.

Fig. 2: Adenocarcinoma deposits: Sheets of malignant epithelial cells in gland pattern, Hematoxylin & eosin, a. x100, b. x400.

Fig. 3: Squamous cell carcinoma deposits: Sheets of malignant squamoid cells against necrohemorrhagic background, Hematoxylin & eosin, a. x100, b. x400.
Fig. 4: Adenocarcinoma of gallbladder: Sheets of malignant epithelial cells in papillary and glandular pattern with atypical glandular cells showing large hyperchromatic nuclei; prominent nucleoli, Hematoxylin & eosin, a. x100, b. x400.

Fig. 5: Pancreatic adenocarcinoma: Sheets of malignant epithelial cells in ductal pattern with hyperchromasia, anisonucleosis against necrohemorrhagic background, Hematoxylin & eosin, a. x100, b. x400.

Fig. 6: Serous papillary adenocarcinoma of ovary: Sheets of malignant epithelial cells in papillary pattern with atypical glandular cells showing large overlapping nuclei; prominent Nucleoli, Hematoxylin & eosin, a. x100, b. x400.
Discussion
Abdominal masses are a clinical enigma and have always been a dilemma for the surgeon. Differentiation between non-malignant and malignant lesions is vital to plan management, especially in advanced unresectable malignant cases where exploratory laparotomy has to be avoided. Image guided FNAC of intra-abdominal lesions has facilitated easy collection of cellular material for rapid and accurate diagnosis in deep seated lesions with low complication rate.

In the present study, out of 120 cases, satisfactory yield to arrive at a probable cytological diagnosis was seen in 109 cases and in 11 cases (9.16%), yield was inadequate to arrive at any diagnosis resulting in diagnostic yield of 90.84% similar to Tasleem et al and Chetal et al. In contrast, a slight lower diagnostic yield of 84.5% was reported by Dosi et al.

In the present study of 120 cases, age ranged from 18-81 years with a mean of 59.7 years slightly higher than studies done by Dosi et al (52years), Rahul et al (48.4years), Tasleem et al (51.05years) and Sidhalingreddy et al (45.16years). A majority of 36 cases (30%) were noted in 61-70 year age group followed by 33 cases (27%) in 51-60 years and 23 cases (20%) in 41-50 years age group. Similarly, studies done by B S Sumana et al, Tasleem et al and Momota et al reported most common age group as 41-60 years. In contrast to the present study, Dosi et al reported maximum number of patients in 51-60 year age group followed by 61-70 years.

The male to female ratio was 1.03:1 similar to study done by Dosi et al, Rahul et al and Momota et al. In contrast, a study done by Chetal et al reported female predominance.

In this study, Hepatobiliary system, Liver and gall bladder were the most common sites (62.5%) similar to studies done by Dosi et al, Chetal et al, Rahul et al and Tasleem et al. In contrast, a study done by Hemalatha et al reported uterus and ovary to be the most common site of image guided FNAC.

In the present study, next common sites of guided FNAC were pancreas 17.5% and ovary 9.16% similar to Parajuli et al. In contrast, ovary followed by pancreas was reported by Dosi et al and Chetal et al. The second most common site following hepatobiliary system was intestines in a study done by Rahul et al.

Of the total 120 cases, a maximum of 96 cases (80%) were malignant followed by inflammatory 12 cases (10%). Similar to the present study, malignant lesions were reported to be more common than inflammatory and benign lesions in studies done by Tasleem et al, Dosi et al, Chetal et al, Bolde et al and Ahmed et al.

Among the 96 malignant lesions, primary malignant lesions (63/120 cases, 52.5%) were more common than secondary metastatic tumors (33/120, 27.5%) similar to Sidhalingreddy et al, Parajuli et al and Tasleem et al, but in contrast Chetal et al and Dosi et al reported secondary malignant lesions to be more common than primary malignant lesions.

Among the 75 hepatobiliary lesions in the present study, majority were primary Hepatocellular carcinoma followed by metastatic carcinomatous deposits in liver similar to studies done by Adhikari et al, Sidhalingreddy et al, Satish et al and Parajuli et al. In contrast, metastatic deposits in liver were reported to be more common in studies done by Tasleem et al, Dosi et al, Verma et al and Tailor et al.

Both primary and secondary malignant lesions in liver were more common in males similar to results reported by Sidhalingreddy et al and Tailor et al. Majority of primary Hepatocellular carcinoma cases were seen in 61-80 years age group in contrast to Sidhalingreddy et al who reported 41-60 years age group to be the most common age group.

Among the 4 gallbladder FNAC cases 3 were Mucin secreting Adenocarcinoma, 1 non mucin secreting adenocarcinoma (figure 4) and 1 case was empyema of gall bladder. Similar results were reported by Tasleem et al, Sidhalingreddy et al and Dosi et al. Among the 21 pancreatic FNAC cases, adenocarcinoma was the most common lesion concordant to studies done by Sidhalingreddy et al, Dosi et al and Parajuli et al. Cystic lesions of pancreas were reported by Tasleem et al and Momota et al in their study. No cystic lesions of pancreas were noted in the present study.

Among the 11 ovarian aspirations, 3 cases were papillary adenocarcinomas, 3 cases were germ cell tumours, 1 case of Krukenberg tumor and 1 case was benign neoplasm similar to results reported by Tasleem et al and Momota et al. Benign cysts were more common in studies done by Dosi et al and Sidhalingreddy et al. In the present study, doubtful ovarian tumors with complex architecture on imaging were only aspirated to confirm diagnosis, which explains the increased frequency of malignancy. Krukenberg tumor diagnosis was done in one patient as there was a past history of Gastric carcinoma in the patient and all the radiological features were consistent with the diagnosis.
There were 11 inconclusive cases in this study, 5 in liver, 2 cases turned out to be malignant on core needle biopsies; other 3 cases had no histopathological correlation. 3 cases in ovary were inconclusive, out of which, two were benign mucinous cystadenoma and one was fibroma. 2 inconclusive cases in lymphnodes and 1 case in pancreas were noted where histopathological correlation was not present.

Among all 120 cases, 24 cases had histopathological correlation and the sensitivity for image guided FNAC in the present study was 88.9% and specificity was 83.3%. The sensitivity in other studies ranged from 71.4% to 96.3%. Specificity has been reported to be as low as 55.6% by Govind et al10 to 100% in many studies like Rahul et al11, Sidhalingreddy et al12 and Hemalatha et al13. In this study, diagnostic accuracy was 87.5% similar to Nautiyal et al14 and slightly higher accuracy was reported by Rahul et al (97.14%)15, Hemalatha et al (96.3%)16, Sidhalingreddy et al (96.5%)17, Shamshad et al18 and Chetal et al (93.75%)19.  

Conclusion  
In the present study we found that image guided fine needle aspiration cytology is quite effective in intra-abdominal masses. It is simple, economical, less complicated and less time consuming procedure to differentiate between malignant and non malignant intra-abdominal lesions. FNAC is the diagnostic procedure of choice for hepatic masses, pancreatic masses and ovarian masses, when performed by an experienced radiologist and when interpreted by an experienced cytopathologist, the accuracy is quite high and helps the clinician in planning further management of the patient.

Acknowledgements  
Nil  

FUNDING  
Nil  

Competing Interests  
Nil  

References  


*Corresponding author:
Dr. Chaitra. B, Associate Professor, NRI Medical College, Guntur. 32-15/1-67, S3, Vijayashradha towers, Dasarilingaiah street, Moghalajpura, Vijayawada, Andhra Pradesh, India - 520010
Phone: +91 9676811386
Email: dr.chaitra.b@gmail.com

Financial or other Competing Interests: None.