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## RENAL CELL CARCINOMA MASQUERADING AS RENAL ABSCESS: A CASE REPORT

Fatin, SR.<sup>1</sup>, Anna, FAR.<sup>2</sup>, Hamzaini, AH.<sup>3</sup>

<sup>1</sup>*Department of Radiology, Universiti Kebangsaan Malaysia, Selangor, Malaysia.*

<sup>2</sup>*Department of Radiology, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia.*

<sup>3</sup>*Department of Radiology, Hospital Canselor Tuanku Muhriz, Selangor, Malaysia.*

### ABSTRACT

Renal cell carcinoma (RCC) is the eighth most common malignancy with classic presentation of flank pain, hematuria and flank mass. The mortality rate is more than 40%, making early diagnosis important to achieve promising outcome. Sometimes, it can be masked by uncommon presentation like renal abscess which will become challenging to diagnose. We present an uncommon case of an renal cell carcinoma masquerading as a renal abscess in a fit 38-year-old gentleman who had no comorbidities. He was initially treated with ultrasound-guided drainage of the abscess. However, he presented again with similar symptoms 1 year later and repeated imaging showed a renal mass with features of malignancy. This case demonstrates the importance of having high index of suspicion when evaluating patients with renal masses who present with uncommon clinical presentations. A thorough clinical evaluation, imaging, histological examination and close follow-up are essential to avoid misdiagnosis and ensure appropriate management.

**Keywords:** renal cell carcinoma (RCC), masking, renal abscess, renal collection, atypical presentation

## DOUBLE DILEMMA: CONCURRENT RIGHT PAPILLARY RENAL CELL CARCINOMA AND LEFT ADRENOCORTICAL CARCINOMA

Aruba NK<sup>1</sup>, Shahroze A<sup>1</sup>, Aniqa S<sup>1</sup>, Shingruff I<sup>1</sup>

<sup>1</sup>*Shaukat Khanum Memorial Cancer Hospital and Research Center, Johar Town, Lahore, Pakistan.*

### ABSTRACT

This case presents a rare coexistence of adrenocortical carcinoma (ACC) and renal cell carcinoma (RCC) in a 62-year-old female with a left flank mass. Initial imaging and biopsy suggested RCC, but histopathology revealed ACC. Contrast-enhanced CT showed a large left adrenal mass invading the adrenal vein and IVC, a right renal mass consistent with RCC, and a right lung nodule. These findings helped differentiate the tumors and guided a multidisciplinary treatment plan. The patient underwent extensive surgery including left adrenalectomy, radical nephrectomy, splenectomy, and distal pancreatectomy. Histopathology confirmed ACC on the left and RCC on the right. Follow-up imaging showed disease progression with new pulmonary and retroperitoneal nodules, an enlarged right adrenal mass, and signs of local recurrence. This case highlights the crucial role of advanced imaging in differentiating rare coexisting malignancies, directing treatment strategies, and emphasizing the need for further research into the mechanisms of multiple primary tumors and their management.

**Keywords:** concurrent primaries, renal cell carcinoma, adrenocortical carcinoma, imaging

# HEPATIC ARTERY PSEUDOANEURYSM PROTRUDING INTO COMMON HEPATIC DUCT: AN UNCOMMON YET LETHAL CAUSE OF UPPER GASTROINTESTINAL BLEEDING - A REPORT OF TWO CASES

Nur Aliya I<sup>1</sup>, Tengku Izzuddin TNEK<sup>1</sup>, Aidi Aswadi HL<sup>1</sup>

<sup>1</sup>*Department of Radiology, Kuliyyah of Medicine, IIUM Jalan Sultan Ahmad Shah, Kuantan, Malaysia*

## ABSTRACT

Hepatic artery pseudoaneurysm (HAP) is a rare but potentially life-threatening cause of massive upper gastrointestinal (GI) bleeding, often associated with trauma, pancreatitis, biliary interventions or malignancy. We report two cases presenting with massive upper GI bleeding. The first patient, a 46-year-old man, had biliary obstruction, post-endoscopic retrograde cholangiopancreatography (ERCP) pancreatitis and cholecystectomy. The second, a 72-year-old man, had metastatic pancreatic cancer and a recent biliary stent replacement. Both developed melena with haemodynamic instability. Upper GI endoscopy was performed but was inconclusive. Computed tomography angiography (CTA) confirmed pseudoaneurysms arising from the right hepatic artery with outpouching into the common hepatic duct. Both patients underwent successful endovascular stenting, achieving haemostasis without recurrence. Hepatic artery pseudoaneurysms pose a diagnostic challenge due to their rarity and nonspecific presentation. Upper GI bleeding secondary to HAP is often misdiagnosed as peptic ulcer disease or variceal haemorrhage. CTA is crucial for diagnosis and endovascular intervention provides a minimally invasive and effective treatment option.

**Keywords:** hepatic artery pseudoaneurysm, upper gastrointestinal bleeding, endovascular stenting

## WHAT DID YOU SWALLOW? THE WHAT, WHEN AND HOW OF FOREIGN BODY INGESTION

Arlinder K<sup>1</sup>; Muhammad Shamad MR<sup>1</sup>; Ch'ng LS<sup>1</sup> ; Mahalatchumi S<sup>1</sup> ; Theevashini K<sup>2</sup>

<sup>1</sup>*Radiology Department, Faculty of Medicine UiTM, Sungai Buloh, Malaysia*

<sup>2</sup>*Surgical Department, Faculty of Medicine UiTM, Sungai Buloh, Malaysia*

### ABSTRACT

Identification of an abnormal structure on imaging often raises the suspicion of a foreign body(FB). Accidental ingestion of foreign bodies (FB) though rare, poses risks of perforation and infection. We report a 67-year-old female psychiatric patient who presented with epigastric pain, vomiting and fever. Clinical evaluation revealed sepsis, prompting antibiotic therapy. Computed Tomography(CT) of the abdomen demonstrated a linear tubular hyperdensity at the lesser sac with subhepatic collection. Surgical exploration confirmed the presence of a tubular structure within the lesser sac and associated subhepatic abscess. Histopathological analysis excluded organic material such as fish bone, instead the FB was reportedly synthetic in nature. This case highlights a rare but serious complication of asymptomatic FB migration into the abdominal cavity, leading to infection. Clinicians should maintain a high index of suspicion for FB migration in atypical abdominal presentations. Awareness of such presentations is crucial for timely diagnosis, management and prevention of complications.

**Keywords:** foreign body, abdomen, migration, complication

# WHEN PROSTATE-SPECIFIC MEMBRANE ANTIGEN (PSMA) IS NOT SPECIFIC: DIAGNOSTIC PITFALL IN A CASE OF COEXISTING PROSTATE ADENOCARCINOMA AND HEPATOCELLULAR CARCINOMA

Ong JX<sup>1</sup>, Fam XI<sup>2</sup>, Thanuja M<sup>3</sup>, Rizuana IH<sup>1</sup>

<sup>1</sup>*Department of Radiology, Faculty of Medicine, Universiti Kebangsaan Malaysia, Jalan Yaacob Latif, Bandar Tun Razak, Kuala Lumpur, Malaysia,*

<sup>2</sup>*Department of Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia, Jalan Yaacob Latif, Bandar Tun Razak, Kuala Lumpur, Malaysia,*

<sup>3</sup>*Department of Molecular Imaging and Nuclear Medicine, Faculty of Medicine, Universiti Kebangsaan Malaysia, Jalan Yaacob Latif, Bandar Tun Razak, Kuala Lumpur, Malaysia.*

## ABSTRACT

Prostate-specific membrane antigen (PSMA) positron emission tomography and computed tomography (PET/CT) is increasingly used in diagnosis, staging and surveillance of prostate malignancies. However, PSMA uptake is not exclusive to prostate malignancies and may occur in other normal tissues, inflammatory conditions, benign tumours and malignancies. We report a case of 72-year-old male with biopsy-confirmed prostate adenocarcinoma, who underwent <sup>68</sup>Ga-PSMA PET/CT for staging showing tracer uptake in hepatic lesions raising suspicion of metastasis. As isolated liver metastasis is unusual, imaging-guided biopsy of the liver was done and confirmed well-differentiated hepatocellular carcinoma (HCC). This case highlights a diagnostic pitfall where non-prostate malignancies such as HCC may exhibit PSMA uptake likely due to expression in tumour-associated neovasculature. As PSMA PET/CT becomes more widely adopted, awareness of non-prostatic uptake is crucial to prevent misdiagnosis or overlooking concurrent pathologies.

**Keywords:** PSMA, PET/CT, prostate, HCC, neovasculature

## NAVIGATING COMPLEXITY: EMPHYSEMATOUS PYELONEPHRITIS IN A DIABETIC PATIENT WITH MALIGNANCY AND CHRONIC KIDNEY DISEASE

Zulkiple B<sup>1</sup>, Baderolhe Sham SA<sup>2</sup>, Basir AA<sup>1</sup>

<sup>1</sup>*Department of Radiology, Hospital Canselor Tuan Muhriz (HCTM), Bandar Tun Razak, Kuala Lumpur, Malaysia.*

<sup>2</sup>*Department of Radiology, Hospital Kuala Lumpur, Malaysia.*

### ABSTRACT

Emphysematous pyelonephritis (EPN) is a rare yet serious necrotising infection of kidneys with a propensity towards middle-aged women and underlying diabetes mellitus. Our challenging case of EPN involves a 43-year-old female with underlying type 2 diabetes mellitus, chronic kidney disease and right breast carcinoma. She presented with lethargy and reduced oral intake, which eventually progressed into septic shock. Her septic parameters were significantly elevated, prompting further evaluation with a Computed Tomography (CT) scan. Contrast-enhanced CT of the abdomen confirmed the diagnosis of EPN, demonstrating hypoperfused left kidney with presence of multiple air locules. Although initially she was treated with a double-J stent, subsequent CT shows worsening left renal collection with poor excretory function. She eventually underwent partial nephrectomy for curative treatment. In this case report, we follow a series of imaging done for EPN, which further underscores the importance of proper intervention for successful management.

**Keywords:** Emphysematous pyelonephritis, Urinary Tract Infection, Renal abscess, Computed Tomography

# SLIPPING THROUGH THE STOMA: INCIDENTAL GALLBLADDER HERNIATION WITH CALCULI IN A PARASTOMAL DEFECT

Fatin Nadzirah AR<sup>1</sup>, Khairina Adliah KA<sup>1</sup>, Khatrulnada MS<sup>1</sup>, Liew VS<sup>2</sup>

<sup>1</sup>*Radiology Department, Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang, Malaysia*

<sup>2</sup>*General Surgery Department, Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang, Malaysia*

## ABSTRACT

Parastomal hernias are a common long-term complication of stoma formation, typically involving bowel or omentum. Gallbladder herniation through a parastomal defect, however, is exceptionally rare, with fewer than 20 cases reported in the literature (Morris et al., 2020), particularly when discovered incidentally and associated with gallstones. We present a case of a 66-year-old woman undergoing CT staging for colorectal carcinoma, in whom incidental gallbladder herniation containing intraluminal calculi was identified. The herniated gallbladder segment protruded into the parastomal hernia sac without evidence of cholecystitis or obstruction. The patient remained asymptomatic, and no immediate surgical intervention was indicated. Although often overlooked, such herniations may pose future risks, particularly in the presence of gallstones, including incarceration and inflammation, emphasizing the importance of early detection. This case highlights the critical role of radiologists in identifying rare but clinically significant findings during routine imaging, aiding risk stratification and timely surgical planning.

**Keywords:** Parastomal hernia, gallbladder herniation, gallstones, incidental finding, CT imaging

## LEFT GASTRIC VEIN PSEUDOANEURYSM - SEQUALA OF CHRONIC PANCREATITIS: A CASE REPORT

Siang Ching RC<sup>1</sup>, Nur Falahiah F<sup>2</sup>, Megat Akmal Fikri MKA<sup>1</sup>

<sup>1</sup>*Department of Biomedical imaging, University of Malaya Medical Centre, Jalan Profesor Diraja Ungku Aziz, 59100 Lembah Pantai, Kuala Lumpur, Malaysia*

<sup>2</sup>*Department of Radiology, Hospital Tengku Ampuan Rahimah, Jalan Langat, 41200 Klang, Selangor, Malaysia.*

### ABSTRACT

Chronic pancreatitis can cause various complications, including arterial pseudoaneurysm and rarely venous pseudoaneurysm. We present a case of left gastric vein pseudoaneurysm caused by chronic pancreatitis. The patient came with multiple episodes of upper gastrointestinal bleeding (UGIB) 3 months after an episode of acute on chronic pancreatitis. 7 months after the initial UGIB presentation, venous pseudoaneurysm appeared at the junction of the neck and body of pancreas, however feeding vessel was not identified. The feeding vessel was later identified as left gastric vein coursing posterior to the splenic artery as seen on subsequent CT abdomen pelvis. Cannulations of the coeliac trunk, splenic and gastroduodenal arteries on angiogram revealed no artery feeding the pseudoaneurysm. The pseudoaneurysm remained for 5 months before being ligated. Identifying feeding vessel and the follow-up venous pseudoaneurysm is important to decide on the management plan.

**Keywords:** chronic pancreatitis, venous pseudoaneurysm, visceral vessel

## ABDOMINAL ECTOPIC PREGNANCY PRESENTED WITH FETAL DEMISE IN 3RD TRIMESTER

J Krishnan,<sup>1</sup> Jolene L<sup>2</sup>, Tan Yean Chun<sup>3</sup>

<sup>1</sup>*Department of Radiology, Hospital Seberang Jaya, Malaysia.*

<sup>2</sup>*Department of Radiology, Hospital Pulau Pinang, Malaysia.*

<sup>3</sup>*Department of Radiology, Hospital Miri, Malaysia.*

### ABSTRACT

Abdominal ectopic pregnancy is a rare subtype of ectopic pregnancy whereby there is extra-uterine implantation of embryo in peritoneal cavity. The secondary type is more common and occurs due tubal abortion/rupture, and less frequently after uterine rupture with subsequent reimplantation in the abdomen. We hereby report a case of a young patient with three previous caesarian sections who presented with reduced fetal movement. Based on preliminary ultrasound, fetal demise noted, with placenta was seen extruding from the lower part of uterus. The pregnancy was dated to 29 weeks. A pre-operative CT scan confirmed the diagnosis of abdominal ectopic pregnancy with placenta receiving blood supply from branches of abdominal aorta and left internal iliac artery. Laparotomy was performed and a macerated stillborn weighing 1.2kg was delivered. The placenta was left in-situ due to adherent nature to adjacent organs and planned for subsequent removal. The patient was discharged well.

**Keywords:** Abdominal ectopic pregnancy

## NON-TRAUMATIC OR PROCEDURE-RELATED RENAL PSEUDOANEURYSMS-A RARE ENTITY

Tan Yean Chun<sup>1</sup>, Jolene L<sup>2</sup>, Quah SY<sup>2</sup>

<sup>1</sup>*Department of Radiology, Hospital Miri, Malaysia.*

<sup>2</sup>*Department of Radiology, Hospital Pulau Pinang, Malaysia.*

### ABSTRACT

Renal artery pseudoaneurysm has been reported almost exclusively in mechanical renal injury, especially in iatrogenic renal injury, such as percutaneous renal surgery, renal biopsy, open renal surgery, and endoscopic renal surgery. Non-traumatic renal artery pseudoaneurysm is rare. We report a case of 65-year-old male with history of stroke with residual weakness, hypertension, diabetes mellitus, dyslipidaemia and acute on chronic kidney disease requiring dialysis presented with recurrent right flank pain and haematuria causing significant drop in haemoglobin level. He was treated as pyelonephritis with emphysematous cystitis. He presented with the similar presentation. Repeated ultrasound showed right perinephric or subcapsular heterogeneously hypoechoic collection. Multiphase renal CT showed tiny enhancing foci at the right kidney may be secondary to vasculitis or tiny pseudoaneurysms. Renal angiogram done showed four pseudoaneurysms in the right lower pole. Embolization done using polyvinyl alcohol embolic materials. Patient was discharged three weeks after embolization due to hospital acquired infection.

**Keywords:** haematuria, non-traumatic, renal pseudoaneurysm, embolization