Lithopedion: An unusual cause of an abdominal calcified mass

Dear Sir,

Lithopedion is a very rare condition and refers to an ectopic pregnancy that evolves to fetal death and calcification.[1] Most patients are asymptomatic and diagnosis is usually made incidentally on imaging studies.

We report a case of 80-year-old female who was presented with the complaint of right hip pain after a ground level fall. The pelvis radiograph demonstrated a right basicervical femoral neck fracture and incidentally showed a large abdominopelvic calcified mass. The abdominal radiograph AP view revealed a large irregular calcified mass with heterogeneous density and bony structures [Figure 1]. Abdominal and pelvic computed tomography (CT) revealed a mummified fetus, depicting in great detail the fetal anatomy [Figure 2]. The calcified mass was in close contact with abdominal organs, showing adherences to the bladder wall. It was 19 × 17 × 10 cm in size and femur length was 6.7 cm, with an estimated gestational age of 34–35 weeks.

Owing to the advanced age of the patient and because she was asymptomatic, it was decided that the calcified fetus should be left in place and no further surgery would be recommended. Subsequently, a total right hip arthroplasty was performed.

Lithopedion, from the Greek words lithos (stone) and paedion (child), is the term used to describe an abdominal ectopic pregnancy in which the fetus dies but cannot be reabsorbed by the mother's body. The dead fetus is retained in the abdominal cavity, forming a calcium shell around it. It is a very infrequent condition and occurs in only 0.0054% of all gestations.[2] This rare condition was first described in the 10th century[3] and there are only about 330 reported cases in medical literature.[4]

Lithopedion has been described in women ranging in age from 23 to 100 years old, with two thirds of them being over 40 years old. The period of fetus retention was from 4 to 60 years.[1] In this case, the exact retention period is unknown, but it is reasonable to think that it could be at least 40 years.

Most cases remain asymptomatic and represent incidental findings on imaging studies, surgery or necropsy.[3] An abdominal radiograph is useful to suggest or confirm diagnosis. Computed tomography and magnetic resonance

Figure 1: Abdominal radiograph AP view depicts a large calcified heterogeneous mass in the lower abdominal region, corresponding to a lithopedion, whose maximum length was 19 cm. A right basicervical femoral fracture is also visible

Figure 2: CT MIP reconstructions reveal the fetal anatomy in great detail, showing the calcified shell and fetus’ spine
Letters to the Editor

Hyperglycemia-induced seizures and blindness

Sir,

We read with great interest the article titled “Hyperglycemia-induced seizures-Understanding the clinico-radiological association” by Hiremath et al. in the October-December 2019 issue of Indian Journal of Radiology and Imaging. The article is highly informative and describes the mechanism and imaging manifestations of hyperglycemia-induced seizures. In this article, we describe a similar recent case with imaging on admission and follow-up images.

A 28-year-old woman, known case of exogenous Cushing’s disease, presented to the emergency services with three episodes of generalized tonic-clonic seizures, followed by...