

GÖĞÜS DUVARINDA SAPTANAN İNTRAMÜSKÜLER HEMANJİOM: OLGU SUNUMU

Intramuscular Hemangioma of the Chest Wall: Case Report

Murat SARIÇAM¹, Serkan KAYA¹, Bayram METİN², Emre ÖZKAN¹, Mustafa Fatih ERKOÇ³

ÖZET

İntramüsküler hemanjiomlar nadir görülen ve esas olarak ekstremitelerde kaslarında saptanan selim tümörlerdir. Ağrı şikayeti veya aşırı büyümeye neden olmadıkları durumlarda tanı konulması için geçen süre oldukça uzun olmaktadır. Kliniğimize sol yan göğüs duvarında yavaş büyüme gösteren lezyonu nedeniyle başvuran 23 yaşında bir erkek hasta olgusu sunmaktayız. Manyetik rezonans görüntülemesi sol latissimus dorsi kası içinde 10x5x4 cm. boyutlarında vasküler bir kitle olduğunu raporladı. Çevre dokulardan güvenli sınırlar dahilinde eksiksiz tümör rezeksiyonu uyguladık ve histopatolojik inceleme kavernöz tip intramüsküler hemanjiom olduğunu gösterdi. Hastada ameliyat sonrasındaki 1 yılda nüks saptanmadı.

Anahtar kelimeler: Hemanjiom, Göğüs kafesi, Tanı

ABSTRACT

Intramuscular hemangiomas are rare benign tumors and are mainly affecting the extremity muscles. If they do not cause pain or excessive, the diagnosis may require quite a long time. We present a 23 year old male patient who was admitted to our clinic with a slowly enlarging lesion in the left lateral chest wall. Magnetic resonance imaging reported a vascular mass measuring 10x5x4 cm. in the left latissimus dorsi muscle. We performed a complete resection of the tumor with safe margins of the surrounding tissue and the histopathologic examination demonstrated an intramuscular hemangioma of the cavernous type. The patient has been free of recurrence for 1 year after surgery.

Keywords: Hemangioma; Chest wall; Diagnosis

¹Ağrı Devlet Hastanesi, Göğüs Cerrahisi Kliniği, Ağrı

²Bozok Üniversitesi, Tıp Fakültesi, Göğüs Cerrahisi Anabilim Dalı, Yozgat

³Bozok Üniversitesi, Tıp Fakültesi, Radyoloji Anabilim Dalı, Yozgat

Murat SARIÇAM, Uzm. Dr.
Serkan KAYA, Uzm. Dr.
Bayram METİN, Yrd. Doç. Dr.
Emre ÖZKAN, Uzm. Dr.
Mustafa Fatih ERKOÇ, Yrd. Doç. Dr.

İletişim:

Op. Dr. Murat SARIÇAM
Fırat Mah. 956.Sok. Güzelbahçe
Sitesi E Blok No:10 D:10 Ağrı
Tel: 0533- 6961299
e-mail:
drsaricam@gmail.com

Geliş tarihi/Received: 29.04.2013
Kabul tarihi/Accepted: 09.12.2013

Bozok Tıp Derg 2014;4(3):69-71
Bozok Med J 2014;4(3):69-71

INTRODUCTION

Intramuscular hemangiomas (IMH) are rare benign neoplasms mostly originating from extremity muscles; even rarer are those affecting the chest wall. The etiology of their growths have been explained by traumatic, congenital and hormonal theories (1). IMH are histologically divided into cavernous and capillary variants where mixtures of both types have also been noted. The cavernous type is characterized by larger size and a long clinical history while a small lesion and shorter history is evident in capillary type (2). If they do not reach a considerable size or cause pain, they may not be noticed for a long time and the correct diagnosis may be difficult. Histological examination of the biopsy specimen is mandatory to evaluate the exact nature of the lesion so a large surgical biopsy is needed for a definitive diagnosis. Increasing growth of the tumor size, functional impairment, cosmetic deformity and intractable pain are indications for surgery.

We report a case of an intramuscular hemangioma of the chest wall that had remained undiagnosed for 3 years and was completely resected.

CASE REPORT

A 23-year-old male was admitted to our hospital with a palpable mass in the left lateral portion of the chest. This lesion which appeared 3 years ago was slowly enlarging and causing only cosmetic deformity but not pain. He had no story of smoking, chest trauma, long-term medication or a previous operation in his clinical history. Physical examination revealed a painless soft tissue mass lacking discrete margins in the left lateral side of the chest. Magnetic resonance imaging (MRI) in T1 sequence reported a mass measuring 10x5x4 cm. and containing vascular components in the left latissimus dorsi muscle (Figure 1). Through a left lateral incision, the mass was completely excised with safe margins of the surrounding muscle (Figure 2). Microscopically the tumor was made of proliferating and dilated vessel components which was accompanied by mature fatty tissue and focal calcifications with no sign of malignancy such as endothelial bulging, pleomorphism, mitosis or

necrosis (Figure 3). Histologic examination determined intramuscular cavernous hemangioma. The postoperative period was uneventful and the patient was discharged 2 days after the operation. He has been followed up for 1 year without any evidence of recurrence or any complications.

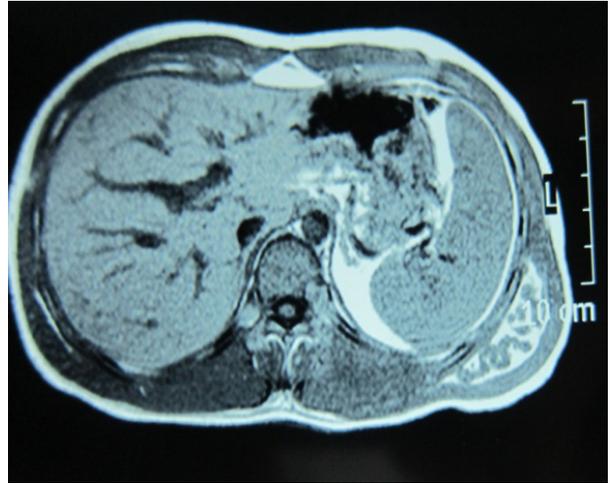


Figure 1. MRI revealing a vascular mass in the chest wall

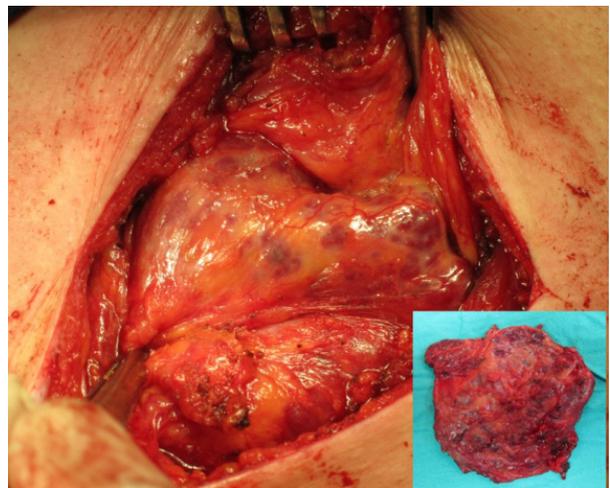


Figure 2. Excision and macroscopic view of the tumor

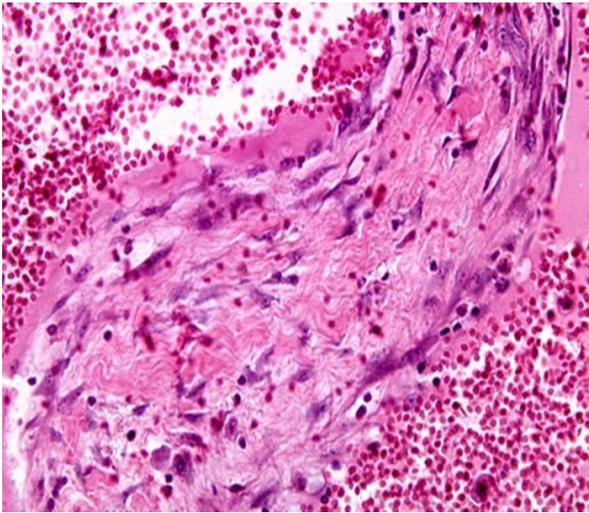


Figure 3. Hematoxylin and eosin–stained section (original magnification x 200)

DISCUSSION

Intramuscular hemangiomas are rare, representing 0,8% of all hemangiomas and occurring commonly in young adults with 94% presenting in patients younger than 30 years (1). Lower extremity is the most common site of involvement while the localization in the chest wall is very rare (2). 90% of IMH are misdiagnosed because they lack constitutional symptoms where pain is the main symptom in 60% of the cases (3). Although these tumors are accepted to be completely benign and never metastatizing, a local recurrence rate up to 18% after surgical excision has been reported (1-3).

Computerized tomography scan may be helpful in showing the involvement of adjacent structures and revealing focal calcifications (phleboliths) that are present in approximately 25% of cases. MRI is important to differentiate between types of hemangiomas and visualize the extent of the tumors. Angiography may be helpful about the relationship between the tumor and a neurovascular bundle if MRI has not provided sufficient information (4).

Differential diagnosis includes infection, bone tumor, lipoma, liposarcoma, elastofibroma dorsi and desmoid

tumor. MRI is reliable in detecting intramuscular hemangiomas which show intermediate signal on T1WI and hyperintense signal on T2WI with strong postcontrast enhancement while other soft-tissue tumors show hyperintense signal on only T2WI. Histologic study of the biopsy or surgical specimen is the only way to reach a definitive diagnosis (5). Complete surgical excision with clear margins is the safest therapeutic approach while cryotherapy, radiotherapy, electrocoagulation and embolization may cause benefits in cases whom excision is impractical or partial. Adjuvant therapy with interferon- α may be considered in cases of recurrence (6-7).

In conclusion IMH of the chest wall are very rare entities that require a high index of suspicion for an accurate diagnosis. Complete surgical excision is a vital necessity for the treatment.

REFERENCES

1. Allen PW, Enzinger FM. Hemangioma of skeletal muscle: an analysis of 89 cases. *Cancer*. 1972;29(1):8-22.
2. Cohen AJ, Youkey JR, Claggett GP, Huggins M, Nadalo L, d'Avis JC. Intramuscular hemangioma. *JAMA*. 1983;249(19):2680-2.
3. Wild TA, Raab P, Krauspe R. Hemangioma of skeletal muscle. *Arch Orthop Trauma Surg*. 2000;120(3-4):139-43.
4. Ly JQ, Sanders TG. Case 65: Hemangioma of the chest wall. *Radiology*. 2003;229(3):726-9.
5. Beham AJ, Fletcher CDM. Intramuscular angioma: A clinicopathologic analysis of 74 cases. *Histopathology*. 1991;18(1):53–9.
6. Lee JK, Lim SC. Intramuscular hemangiomas of the mylohyoid and sternocleidomastoid muscle. *Auris Nasus Larynx*. 2005;32(3):323–7.
7. Ulku R, Onat S, Avci A, Ozmen CA. Resection of intercostal hemangioma with involved chest wall and ribs in an 11-year-old girl. *Tex Heart Inst J*. 2010;37(4):486–9.