Intramuscular Hemangioma of the Chest Wall: Case Report

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ÖZET

İntramüsküler hemanjiomlar nadir görülen ve esas olarak ekstremite kaslarında sapta
nan selim tümörlerdir. Ağrı şikayeti veya aşırı büyüyme neden olmadıkları durumlarda
tanı konulması için geçen süre oldukça uzun olmaktadır. Kliniğimize sol yan göğüs du
varında yavaş büyümeye gösteren lezyonu nedeniyle başvuran 23 yaşında bir erkek hasta
olgu sunmaktadır. 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 kaver
nöz tip intramüsküler hemanjiom olduğunu gösterdi. Hastada ameliyat sonrası 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
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
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 metastasizing, 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