

**BJMHR**

British Journal of Medical and Health Research

Journal home page: www.bjmhr.com

Hemangioma of Paraspinal Muscles Masquerading Cold Abscess A Rare Case Report

Mridul A Arora¹, Shounak Taywade², Shraddha K Singhania³, Sohael Mohammed Khan^{4*}, Pradeep K Singh⁵, Karan K Mane⁶

1. Assistant Professor Orthopaedics, Wardha, India

2. Junior Resident III DMIMS, Wardha, India

3. Assistant Lecturer Radiodiagnosis, Wardha, India

4. Assistant Professor Fellow Spine Services ISIC Fellow Spine DMIMS, Chandrapur, India

5. Prof and Head Orthopaedics and Spine Services Wardha, India

6. Senior Resident Uparna Hospital, Wardha, India

ABSTRACT

Hemangiomas are abnormal proliferations of blood vessels, making up 7% of all benign soft tissue tumors. Their true incidence and prevalence are difficult to calculate, as the majority of lesions are small and asymptomatic. These lesions are largely congenital, but approximately 20% can be linked to trauma. They are very rare in paraspinal muscles. The prevalence of tuberculosis and cold abscess is quite high in our clinical setting. We are reporting a rare case report of hemangioma in paraspinal region mimicking as cold abscess. Intramuscular haemangiomas are very rare and paraspinal involvement being even rarer. Though tubercular abscess is common clinical problem, paraspinal Haemangioma should be considered as differential diagnosis.

Keywords: Hemangioma, Cold abscess, Paraspinal Muscle

*Corresponding Author Email: drssohaelkhan@hotmail.com

Received 14 December 2015, Accepted 19 December 2015

Please cite this article as: Khan SM *et al.*, Hemangioma of Paraspinal Muscles Masquerading Cold Abscess A Rare Case Report . British Journal of Medical and Health Research 2015.

INTRODUCTION

Hemangiomas are unusual proliferations of blood vessels, making up 7% of all benign soft tissue tumors. Their accurate incidence is difficult to calculate, as the majority of lesions are small and asymptomatic.^{1,2,7} These lesions are mainly congenital, but approximately 20% can be linked to trauma.^{2,4,7} The established course is growth, fibro adipose substitute, intravascular clotting, atrophy, and involution, reinforced by 90% occurring before the age of 30 years, as well as low incidence in older adults.^{1,2,4,5,6} They occur most commonly in subcutaneous adipose tissue but may also be found in muscle.⁴ Intramuscular hemangiomas account for approximately 0.8% of all benign soft tissue tumors.^{3,8} The malformations are mainly located in the thigh (36%), followed by the calf (17%).⁷ They are very rare in paraspinal muscles. The prevalence of tuberculosis and cold abscess is quite high in our clinical setting. Therefore we are reporting a rare case report of hemangioma in paraspinal region mimicking as cold abscess.

Case Report

A 14 year old male patient presented with swelling over upper back since 3 months she also complained of radiating pain in bilateral lower limbs since 2 months. Swelling was insidious in onset and progressive in nature. History of evening rise of temperature, loss of appetite, loss of weight was present. Bowel and bladder habits normal. On examination there was a globular swelling of 5 x 3 x 2 cm was present at D9-D11 left paraspinal region. Swelling was non - tender, non - mobile, non - pulsatile, firm in consistency and not adherent to overlying skin. Local temperature was normal. Fluctuation and trans-illumination test was Negative. X-ray of the Dorsolumbar spine showed no findings. USG Abdo-pelvis showed Normal study. USG local swelling was done which showed Well defined oval shaped hypoechoic left side collection present in left paraspinal region measuring 29x18mm with mild to moderate vascularity. Magnetic Resonance Imaging Dorsolumbar spine showed soft tissue in the left paraspinal region from D9-D11 level which was slightly hypointense on T2W1 and STIR measuring 6.4x3.8x2.6cm suggestive of ? Hemangioma ??Vascular soft tissue lesion in left paraspinal region. FNAC of the swelling was done which was suggestive of Benign vascular lesion of hemangioma. No malignant cells were seen.

RESULT AND DISCUSSION

Hemangiomas are usually not common clinical presentation in current clinical practice. They are usually present in the vertebral column and skull; the childhood Hemangioma's are mostly cutaneous in location⁹. Intramuscular haemangioma is a very uncommon tumor that usually involves an extremity. Haemangioma of paraspinal muscles is not much reported in literature^{10,11}. The paraspinal haemangiomas have been reported to be extending upto epidural

space and causing an epidural haematoma¹².which may cause neurological symptoms.

In our case patient presented with swelling and backache. Unresponsiveness to standard conservative management and a vague swelling over the lower back raised the suspicion of some other cause. The diagnosis in our case was based on clinical suspicion and confirmed by ultra-sonography, Magnetic Resonance Imaging and histopathology^{11,12}. Angiography or conventional angiography followed by embolization to reduce tumor size may be an essential preoperative adjunct to surgery^{9,10,11}

Paraspinous haemangiomas have been barely mentioned in the literature. Swaroop et al., reported a case of 29-year-old female with lumbar paraspinal Haemangioma for which surgical excision was done¹³.Makeieff et al., reported a case of 39-years-old female with Haemangioma of splenius capitis muscle which was surgically excised¹⁴ Cervical paraspinal haemangioma in association with interosseous haemangioma (C6 vertebral body) has not been reported previously in medical literature. Intramuscular haemangioma occurs most common in the third and forth decades of life, in contrast to cutaneous haemangiomas, which occur during infancy¹⁵. Eighty percent of Haemangiomas are solitary while 20% of affected patients may have multiple tumours¹⁶.

Various treatment options recommended for intramuscular haemangiomas include surgery, sclerosing agents, cryotherapy, steroid administration, blood vessel ligation and embolisation. However, to prevent recurrence wide local excision that includes normal muscle beyond the gross limits of the tumour is the optimal management. Partial excision is associated with an 18% recurrence rate¹⁷. Lesions that are highly localized well-circumscribed single-muscle, and have minimal loculations have better surgical outcomes.

CONCLUSION

Intramuscular haemangiomas are very rare and paraspinal involvement being even rarer. Though tubercular abscess is common clinical problem, paraspinal Haemangioma should be considered as differential diagnosis.

REFERENCE

1. Enzinger FM, Weiss SW. Benign tumors and tumorlike lesions of blood vessels. In: Soft Tissue Tumors. 2nd ed. St Louis, MO: Mosby; 1988:512.
2. Katz D, Damron T. Orthopedic surgery for hemangioma. <http://emedicine.medscape.com/article/1255694-overview>. Updated September 18, 2012.
3. Allen PW, Enzinger FM. Hemangioma of skeletal muscle: an analysis of 89 cases. *Cancer*. 1972;29:8-22.
4. Beham A, Fletcher CD. Intramuscular angioma: a clinicopathological analysis of 74 cases. *Histopathology*. 1991;18(1):53-59.
5. Cohen AJ, Youkey JR, Clagett GP, Huggins M, Nadalo L, d'Avis JC.

- Intramuscular hemangioma. JAMA. 1983;249(19):2680-2682
6. Mulliken JB, Glowacki J. Hemangiomas and vascular malformations in infants and children: a classification based on endothelial characteristics. *Plas Reconstr Surg.* 1982;69(3):412-422.
 7. Tang P, Hornicek FJ, Gebhardt MC, Cates J, Mankin HJ. Surgical treatment of hemangiomas of soft tissue. *Clin Orthop Relat Res.* 2002;399:205-210.
 8. Watson WL, McCarthy WD. Blood and lymph vessel tumors. *Surg Gynecol Obstet.* 1940;71:569. 25. Wild AT, Raab P, Krauspe R. Hemangioma of skeletal muscle. *Arch Orthop Trauma Surg.* 2000;120(3-4):139-143.
 9. Pascual-Castroviejo I, Frutos R, Viano J, Pascual-Pascual SI, Gonzalez P: Cobb syndrome: case report, *J Child Neurol.* 2002 Nov;17(11):847-9.
 10. Kim YC, Park HJ, Cinn YW: A case of intramuscular hemangioma of the back, *J Dermatol.* 2000 Sep;27(9):612-4.
 11. Lee, Sukchan, Hadlow, Alastair: Extraosseous Extension of Vertebral Hemangioma, a Rare Cause of Spinal Cord Compression, *Spine.* 24(20):2111, October 15, 1999
 12. Makeieff M, Maurice N, Mondain M, Crampette L, Guerrier B: Intramuscular hemangioma of posterior neck muscles, *Eur Arch Otorhinolaryngol.* 2001 Jan;258(1):28-30.
 13. Swaroop A, Chaudhury S, Chakraverty U, Singh D. Lumbar para-spinal haemangioma as a rare differential diagnosis of lumbar disc prolapse. *The Internet Journal of Orthopedic Surgery.* 2008;11(1).
 14. Makeieff M, Maurice N, Mondain M, Crampette L, Guerrier B. Intramuscular haemangioma of posterior neck muscles. *Eur Arch Otorhinolaryngol.* 2001;258:28-30.
 15. Kim DH, Hwang M, Kang YK, Kim IJ, Park YK. Intramuscular haemangioma mimicking myofascial pain syndrome: a case report. *J Korean Med Sci.* 2007; 22: 580-82.
 16. Pekiner FN, Kodallı N, Horasan S. Haemangioma: Case Report of a lesion of the mid-face focusing upon imaging findings. *Journal of Marmara University Institute of Health Sciences.* 2011;1(3):184-89.
 17. Vakilha M, Farhan F, Samiei F, Shariat S. Intramuscular Haemangioma of the forearm; Report of a case. *Iran J Radiat Res.* 2003;1(3):175-79.

BJMHR is

- **Peer reviewed**
- **Monthly**
- **Rapid publication**
- **Submit your next manuscript at**

editor@bjmhr.com

