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"A UNIQUE CASE OF SOFT TISSUE ANGIOMYXOLIPOMA OF THE SCAPULAR REGION" - A CASE REPORT.

General Surgery

Dr Elizebeth Paulin — Final year postgraduate, Department of general surgery, Tagore Medical College And Hospital

Dr A. Farook — Professor, Department of general surgery, Tagore Medical College And Hospital, Chennai

ABSTRACT

Lipoma is the most common neoplasm of the mesenchyme. There are different types of subtypes that vary according to locations. Angiomyxolipoma is a very rare variant that consists of an admixture of adipose and myxoid elements with numerous vascular structures. Here is a unique case of angiomyxolipoma developed in the left scapular region of a 43-year-old man is presented. Our patient who is a auto driver by occupation walked in to General Surgery OPD with complaints of swelling at the back which he noticed 4 days back. Patient also had kyphoscoliosis changes over the back due to which there was a delay in the recognition of the swelling by the patient. No complaints of any pain or discharge from the site. Patient had previous history of similar complaints over the adjacent area of the present swelling. On examination, 2x6 cm swelling noted over the left infra scapular region 2 cm lateral to dorsal spine and 3x6 cm swelling present over the center of the back in the vertebral region(kyphoscoliosis). Margins were well defined and freely mobile. Skin over the swelling was normal. Chest x ray of the patient shows khyphoscoliotic changes. Ultrasound of the local region shows features suggestive of lipoma. With all the above-mentioned features patient was diagnosed to have lipoma of the scapular region. Initially tumor was mis interrupted as an ordinary lipoma and the recognition of the entity was accomplished only in the recurrent tumor and reevaluation of the slides from the pathology department. Previously there has been no other case of angiomyxolipoma reported in the scapular region.

KEYWORDS

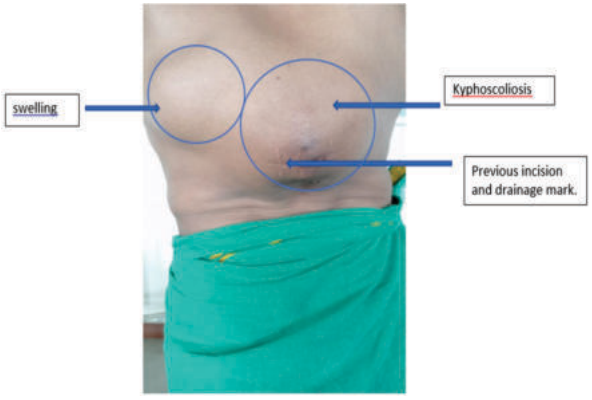
Case Report

A 43 year old man who is an auto driver by occupation walked in to general surgery opd with complaints of swelling over the back which was noticed by the patient only by past 4 days.

Patient was apparently alright 4 days back after which he noticed a swelling over his left side of back in scapular region. Patient also had kyphoscoliosis due to which the swelling was being unaware by him .No complaints of pain over the swelling. No complaints of discharge from the site. Previous history of similar complaints present 4 years back , adjacent to the present swelling for which he underwent incision and drainage at local hospital. Details of the procedure were unavailable. Known case of kyphoscoliosis since birth.

Known case of asthmatic since 16 years and on regular medications. Patient has normal sleep wake cycles. No bowel and bladder complaints. Alcoholic since 33 years. No similar history runs in the family.

On examination, patient was under built and nourished. No pallor/icterus/clubbing/ cyanosis/lymphadenopathy. Vitals were with in normal limits.

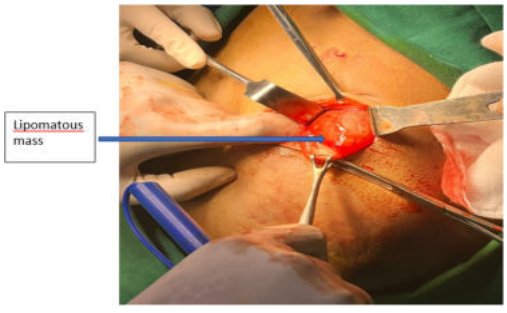


On local examination; An 1.5 x 6 cm swelling noted noted over the left infra scapular region 2 cm lateral to dorsal spine and a 2.7x6 cm swelling present over the center of the back in the vertebral region(kyphoscoliosis)Margins appeared to be well defined. No ulceration/ discharge noted over the swelling and surrounding skin is normal. Surface is smooth. Skin over the swelling normal. No visible pulsation noted. No dilated veins seen.

All routine investigations were done and was found to be in normal limits. The specific investigations which were done were; fine needle aspiration cytology which was suggestive of soft tissue neoplasm or benign skin adnexal neoplasm.

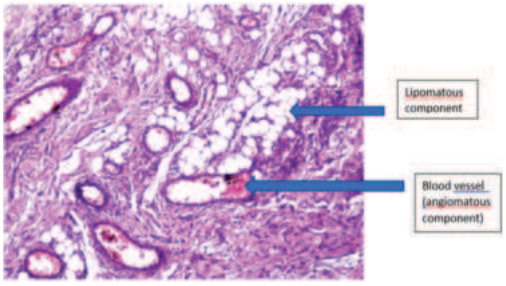
Pulmonary function test showed severe restriction. And the x ray chest showed kyphoscoliotic changes.

Patient was planned for wide local excision and biopsy. Under aseptic precautions, under tumescent anesthesia, patient in right lateral position. Parts prepared and draped with betadine. Skin incision of 5 cm made over the swelling. Incision deepened in layers. Cyst wall found out, dissection done around the cyst measuring 3x4 cm. Cyst wall opened and straw colored fluid drained out (15 ml). Cyst found inferior to the scapular region. Cyst wall excised out completely and sent for HPE. Suction drain kept in-situ and fixed with silk. Muscle layers sutured with 2.0 vicryl. Subcutaneous layer closed with vicryl. Hemostasis achieved. Skin closed with staplers. Sterile compressive dressing done. Biopsy specimen sent for histopathologic lab.



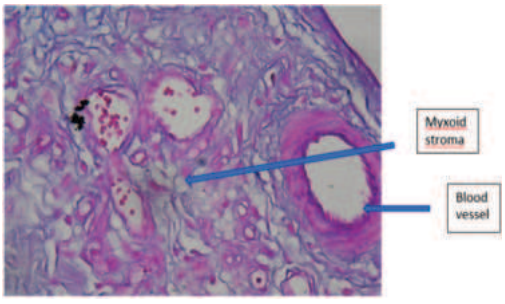
The whole mass has been

Histopathology report was suggestive of angiomyxolipoma of soft tissue – left scapular region.



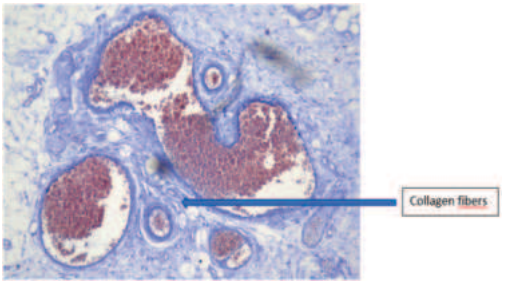
hhistopathology fig 1: ANGIOLIPOMATOUS COMPONENT

Stain used: Haematoxylin and eosin stain
Magnification: 40x



Histopathology fig 2: ANGIMYXOMATOUS COMPONENT

Stain used: Haematoxylin and eosin stain.
Magnification: 40x



Histopathology fig 3: ANGIOMYXOID COLLAGEN;
Special stain with MASSON'S TRICHROME .

OUTCOMES AND FOLLOW UP

Post operative period was uneventful. Patient was treated with antibiotics, analgesics. wound care was given by daily sterile dressing. DT was removed on the 2nd day. Patient symptomatically recovered and discharged on 10th post operative day.

DISCUSSION

Lipomas, which are benign tumors of fat cells (adipocytes), typically appear as soft, painless masses on the trunk, however they can appear anywhere on the body. The cause of lipoma is often unknown, but some families have a genetic tendency to develop them. Around 2 % of general population has lipoma. They most common occur in neck, shoulders, back, abdomen, arms and thigh. Till now there has been no evidence of lipoma over the scapular region.

Patient mainly comes with complaint of localised swelling which are mobile, exhibit “slip sign” , sometimes fluctuant, soft in consistency, and usually painless. For diagnosis a simple ultrasound can be used. MRI has been recommended as a reliable preoperative investigation.

Treatment for lipoma is not usually done unless the tumour becomes painful or restricts movement. They are usually removed for cosmetic reasons. However reason to remove lipoma includes when they grow very large, or for histopathology to check that they are not a more dangerous type of tumour such as a lipo- sarcoma.

Areas in which angiomyxolipoma has been reported are: spermatic cord, scalp, thigh, arm, wrist, subungual area, gluteal area, extremities, hip. There has been no cases in which intrascapular angiomyxolipoma has been noted previously.

Angiomyxolipoma (AML) is a rare variant of benign lipoma with characteristic histopathological and immuno-histochemical features. It is made up of fatty tissue combined with blood arteries and myxoid stroma. It was first described by Mai et al. in 1996 (1), with a total number of 19 cases reported since then(6). The patients' ages ranged from 32 to 69 years, averaging 51.8, and most were male. The location has generally been in subcutaneous tissue (7).

A myxoid region with relatively few cells, mature adipose tissue lacking lipoblasts, and numerous thin- and thick-walled vascular structures are among the distinctive histopathologic features of angiomyxolipoma. Immunohistochemical studies show that the spindle cells of the myxoid areas express vimentin and CD34. A poorly defined mass of adipose tissue called a superficial angiomyxoma is associated with a mixed inflammatory infiltration of neutrophils and, frequently, epithelial features (2). Both myxoid spindle cell lipoma and angiomyxolipomas unique feature of mature adipose tissue and spindle cells in myxoid background. The lack of ropy collagen and its poor vascularity differentiates myxoid spindle cell lipomas from angiomyxolipoma. Also they lack myxoid components which is a prominent feature of angiomyxolipoma (3)

Also we should differentiate between malignant tumors of myxoid liposarcoma and low grade myxofibrosarcoma. The former shows lipoblasts and branching patterns of vascular structures (4). Latter shows myxoid matrix with increased pleomorphism and numerous elongated curvilinear vessels / plexiform vascular patterns (5). These are not differential diagnosis but the malignant variant of the lipomas.

Angiomyxolipoma is a very rare benign neoplasm with characteristic histopathologic and immunohistochemical features. To differentiate angiomyxolipoma from other lipomatous neoplasms, additional use of immunohistochemical studies can be used. Mostly the benign nature of angiomyxolipoma is diagnosed with histopathological features of mixture of adipose tissue, myxoid component and abundant blood vessels without immature or atypical cells (8).

CONCLUSION:

We present a new case of angiomyxolipoma of intrascapular region. Further cases are to needed to evaluate more the histopathological features of these tumours. In our case the treatment was surgical. There has been no evidence of recurrence till date.

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