

Chief complaint



⌘ A mass at right chest

Present illness



- ⌘ This 1-year-5-month-old girl had a mass at right side chest since one month ago.
- ⌘ flat and not tender at first
- ⌘ In the recent 2 days, the mass enlarged rapidly. Tenderness was noted.
- ⌘ The abdominal sonography at OPD showed a heterogenous mass with capsule.
- ⌘ No fever, no body weight loss, no trauma history

Personal illness



⌘ GA: 38wk, twin B, NSD

⌘ Birth weight 25XX gm

⌘ No known food and drug allergy

⌘ Vaccine history:

h-old: BCG (+)

3~5 day-old: HBV1 (+)

1 month-old: HBV2 (+)

2 month-old: DTP1 (+), oral Sabin vaccine 1 (+)

4 month-old: DTP2 (+), oral Sabin vaccine 2 (+)

6 month-old: DTP3 (+), oral Sabin vaccine 3 (+), HBV3 (+)

9 month-old: Missle vaccine (+)

Past history



- ⌘ No surgical history.
- ⌘ No birth trauma history.
- ⌘ No congenital abnormality history.
- ⌘ No admission history
- ⌘ Atopic dermatitis (+)

Family history



⌘ No contributory

Physical examination



- ⌘ G.A. : not toxic
- ⌘ TPR: 37.0 /120 /26 BW: 8.9 kg
- ⌘ Head: no deformity, no external trauma, no cephalohematoma
- ⌘ Eye: Conjunctiva: not pale
- ⌘ Sclera: not icteric
- ⌘ Throat: Not injected
- ⌘ Tonsil: not injected, enlargement (-), exudate (-), pus (-)
- ⌘ Ear drum: not injected, no air fluid level
- ⌘ Neck: Supple, LAP(-), JVE(-)

Physical examination



- ⌘ Chest: Symmetric expansion
- ⌘ BS: clear, rhonchi (-) , wheezing (-), crackles (-)
- ⌘ A mass at right lower chest, size: 3.5cm* 3.5cm, movable, tender (+),
- ⌘ cover skin: intact, no warmness
- ⌘ Heart: RHB without murmur
- ⌘ Abdomen: soft, mild distention, no tenderness
- ⌘ B.S.: normoactive
- ⌘ no palpable mass
- ⌘ L/S: impalpable
- ⌘ Extremities: Freely movable
- ⌘ Skin: Normal skin turgor, no skin rash , no skin lesion

Clinical diagnosis



⌘ Muscular tumor, origin unknown

Image study

- ⌘ There is a soft tissue density mass arising from the right anterior lower chest wall with no definite contrast enhancement.
- ⌘ This mass is about 3cm x 2cm x 4cm in dimension and with increased surrounding subcutaneous fat density
- ⌘ No identified involvement of lung parenchyma, bony structure and intraperitoneal cavity

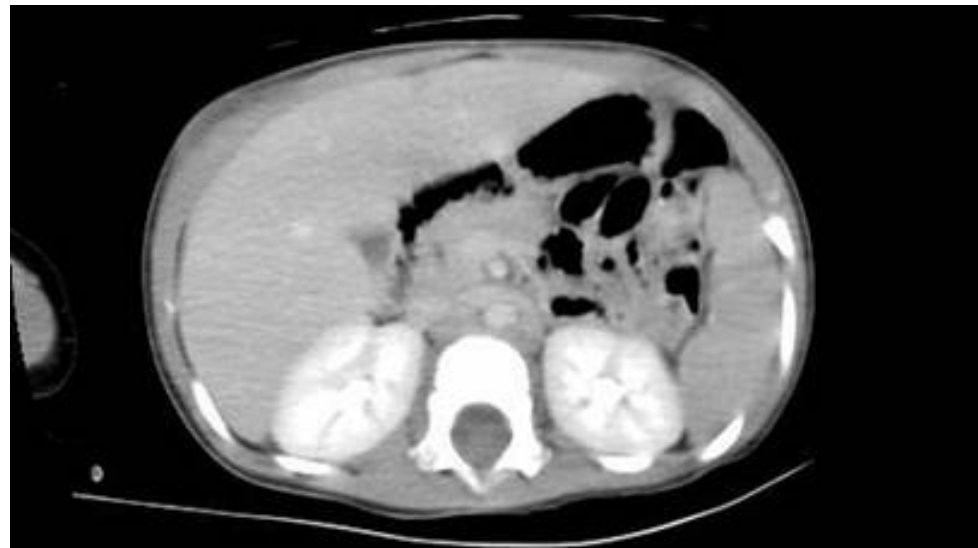


⌘ Post contrast



Image study

- ⌘ The bilateral lung fields, liver, pancreas, spleen and bilateral kidneys are unremarkable



Differential diagnosis



⌘ Benign tumor

1. lymphangioma
2. lipoma

⌘ Hematoma

⌘ Malignant tumor

1. lymphoma
2. neuroblastoma
3. liposarcoma

⌘ abscess

lymphangioma



- ⌘ fluid density, depending on the lipid content and presence of blood
- ⌘ enhancement only occurs in 50% of cases
- ⌘ the greatest incidence occurs at birth or early in life
- ⌘ The overlying skin has no lesions or changes
- ⌘ often have a fast growth phase

Lipoma



- ⌘ Homogeneous fat density with few internal septa
- ⌘ A thin soft-tissue capsule may be seen surrounding a subcutaneous lipoma
- ⌘ Large lesion may contain blood vessels
- ⌘ usually arise in early adulthood and are rare in children and infants
- ⌘ slowly growing lesion present for several years

hematoma



- ⌘ High attenuation fluid collection
- ⌘ usually confined to rectus muscle
- ⌘ fluid-fluid level
- ⌘ anticoagulant, femoral catheterization, trauma

lymphoma



- ⌘ The tumor itself may be indistinguishable from muscle in density
- ⌘ Infiltration of muscle may produce increase in bulk and distortion of muscle outline
- ⌘ Localized disease can present as lymphadenopathy (usually firm and nontender)
- ⌘ often appear mildly to moderately ill and occasionally have a low-grade fever. They may present with pallor, respiratory distress, pain, and discomfort

neuroblastoma



- ⌘ Generally, symptoms include abdominal pain, emesis, weight loss, anorexia, fatigue, bone pain, and chronic diarrhea.
- ⌘ LDH, Ferritin useful as biologic marker
- ⌘

liposarcoma



- ⌘ A significant soft-tissue element or heterogeneity of attenuation within a fatty lesion
- ⌘ localized, ranging from a painless slow-growing lesion to a painful rapidly growing mass
- ⌘ In children, liposarcomas comprise fewer than 5% of soft tissue sarcomas. Fewer than 60 cases have been reported.
- ⌘ chest CT

Abscess



- ⌘ With a central low-attenuation area and a surrounding denser wall which may show enhancement
- ⌘ Gas
- ⌘ Other symptoms and signs

impression

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⌘ lymphangioma

pathology



⌘ lymphangioma

lymphangioma




- ⌘ representing less than 6% of benign tumors of childhood. Incidence has been reported to be less than 2.8 per 1000 people
- ⌘ No sex preponderance or side predilection has been reported.

lymphangioma



- ⌘ congenital malformations of the lymphatic system that involve the skin and subcutaneous tissues
- ⌘ The superficial vesicles are called lymphangioma circumscriptum. The more deep-seated group includes cavernous lymphangioma and cystic hygroma
- ⌘ fluid density ranges from -4 to 34 HU depending on the lipid content and presence of blood
- ⌘ enhancement only occurs in 50% of cases
- ⌘ no risk of malignant transformation.
- ⌘ have a strong tendency for local recurrence unless they are completely excised

Lymphangioma circumscriptum



- ⌘ a small number of vesicles on the skin at birth or shortly after
- ⌘ measuring about 2-4 mm
- ⌘ vesicles can vary from pink to red to black secondary to hemorrhage

Cavernous lymphangioma




- ⌘ during infancy, a solitary rubbery nodule with no skin changes
- ⌘ These lesions often have a fast growth phase
- ⌘ ranging from lesions smaller than 1 cm in diameter to larger lesions that involve an entire limb

Cystic hygroma



- ⌘ Soon after birth, the infant is noted to have a deep subcutaneous cystic swelling, usually in the axilla, base of the neck, or groin
- ⌘ tend to grow and increase to a large size



⌘ Presented by 余鄭錦峰 b8501062