AGGRESSIVE ANGIOSARCOMA MISTAKENLY FOR TRAUMATIC INTRAMUSCULAR HAEMATOMA

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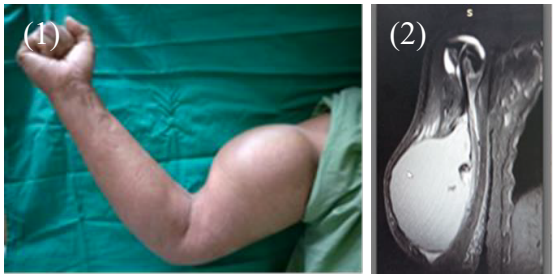
INTRODUCTION

Chronic expanding haematoma (CEH) which not regress after 1-month should raise a suspicious of neoplasm. There are several well described causes of haematoma following trauma and surgery with bleeding risk factor. We report a case of epihelioid angiosarcoma that was initially treated as chronic intramuscular hematoma by clinical and imaging studies.

CASE REPORT

A 75-year-old gentleman presented with progressively increasing size of painless right arm swelling for 2-months duration following minor trauma. He had no constitutional symptoms.

The mass increasing from 5x5cm to 15x10cm, anterior aspect of right arm, fluctuant with prominent veins (Fig. 1).



Plain radiograph showed increase soft tissue shadow with no bony involvement. Mixed echogenicity within the intramuscular from the ultrasound suggestive of organized haematoma.

MRI revealed well defined large intramuscular mass within the long head of biceps brachii muscle. Neurovascular bundles appear normal with impression of chronic hematoma (Fig. 2). 600cc of blood was drained out. Floating debris was sent for histopathological examination. Tissue culture negative for infection.

HPE showed diffuse cellular sheets, poorly formed lumina containing blood, hyperchromatic nuclei and nuclear pleomorphism, favour of epithelioid angiosarcoma (EAS). Immunohistochemistry positive for FL-1 and CD31.

Retrospectively, contrast-enhanced MRI shows few seconds interval of contrast filling at small spot of rounded lesion in 2-sliced of images.

He refused chemotherapy and had lung metastases. Forequarter amputation was done to control the bleeding mass. He died at 4 months after the initial diagnosis due to extensive metastases.

DISCUSSION

The diagnosis of EAS must be basis on morphology, immunohistochemistry and ultrastructure. Angiogram can be used to identify source of active bleeders but rarely need. Risk factors for bleeding diathesis, anticoagulant and exposure to chemotherapy or radiotherapy must be rule out. Tissue confirmation is ultimately necessary via open biopsy.

CONCLUSION:

Deep seated EAS is an aggressive, high grade neoplasm that commonly presented with chronic hematoma and highly metastasized.

REFERENCES:

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