

Atraumatic Intramuscular Hematoma Mimicking a Soft Tissue Tumor

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INTRODUCTION:

Typically, rotator cuff tendinitis, bursitis, calcific tendinitis, and bicipital tenosynovitis are included in the differential diagnosis of acute, atraumatic subacromial pathosis. Infection and hemarthrosis in conjunction with a rotator cuff injury are less frequent causes. Typically, the history and physical exam will lead to an accurate diagnosis. We present a case of spontaneous intramuscular hematoma in the subacromium caused by a supraspinatus tear in a patient on anticoagulant therapy. The intramuscular hematoma was mimicking a soft tissue tumor. The patient presented with unique signs and symptoms of subacromial pathosis. To our knowledge, there have been no reports of spontaneous, atraumatic subacromial haemorrhage.

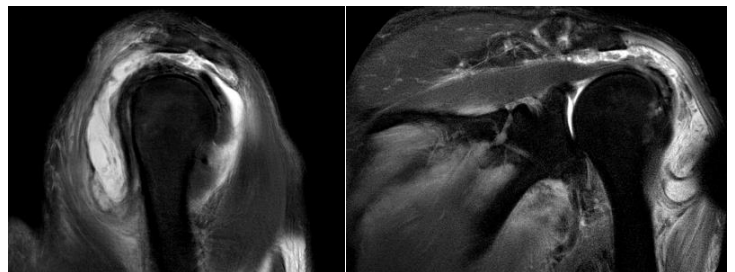
REPORT:

A 64-year-old man with hypertension, CKD and atrial fibrillation (on tab apixaban) was evaluated for the acute onset of severe left shoulder pain with a huge left anterior shoulder mass. The patient stated that his symptoms had begun a month ago with a progressive increase in size and that he was unable to raise his arm. He denied any trauma to his shoulder, neck complaints, myocardial symptoms, and symptoms of infection. On examination, there was swelling at the left anterior shoulder, which is soft to firm in consistency, fixed to underlying muscle and not moveable otherwise there was no warmth or erythema. Motor strength to resisted external rotation at the side and to abduction was 3/5. Noted patient had positive drop arm test and Jobe test. X-ray shoulder showed mild acromioclavicular arthritis without any shoulder dislocation. Then we proceed with an ultrasound that was suggestive of liquefied left shoulder intramuscular collection, thus it excluded our differential diagnosis of soft tissue tumor. We obtain an MRI of the shoulder and it showed a large collection of hematoma in the subdeltoid

space that originate from ruptured rotator cuffs. Then this patient we planned to observe KIV for



hematoma drainage if the swelling does not subside or worsen. We believe that the presentation of an older patient on anticoagulation therapy with atraumatic weakness and painful impingement combined with ultrasound and MRI findings limits one's differential diagnosis to atypical atraumatic rotator cuff tear and, as presented here, acute atraumatic subacromial intramuscular hemorrhage.



CONCLUSION:

A biopsy and nuclear medicine imaging studies were essential to determine whether the lesion was a benign or malignant soft-tissue mass. However, these examinations are not required in all cases. The importance of ultrasound usage and MRI changes at intervals of one to two weeks for differentiating traumatic hematoma from a soft-tissue tumor should be highlighted.

REFERENCES:

T. Mentzel, "Ancient hematoma: a unifying concept for a post-traumatic lesion mimicking an aggressive soft tissue neoplasm," *Modern Pathology*, vol. 10, no. 4, pp. 334–340, 1997