

Image of the Month

Emad Kandil, MD; Kurtis Campbell, MD; Anthony Tufaro, MD, DDS

A 24-YEAR-OLD MAN WAS REFERRED FOR evaluation and management of a large left abdominal wall mass. He had no other medical problems, no history of previous surgical procedures, and no previous abdominal wall trauma. The patient had a small spot on his abdominal wall at birth that had gradually increased; in the last year, the spot exhibited a significant increase, and the patient became alarmed when he started to experience chronic abdominal pain, constant constipation, and dysuria. A fine needle aspiration biopsy of the mass revealed evidence of small blood vessel proliferation in both the dermis and the subdermal adipose tissue. On examination there was a visible, palpable, non-

tender, 10 × 15-cm abdominal wall mass, with bluish skin discoloration.

Abdominal computed tomography revealed evidence of a 10.3 × 15-cm vascular heterogeneous mass centered at the level of the left rectus sheath (**Figure 1**). Most of the mass was intraperitoneal, with mass effect on the bladder and the transverse colon. Feeding vessels were arising from the left iliac artery, with no evidence of significant adenopathy. Because of the recent significant increase in the mass, radical en block resection of this tumor was planned (**Figure 2**).

What Is the Diagnosis?

- A. Abdominal wall angiosarcoma
- B. Rectus abdominis intramuscular hemangioma
- C. Desmoid tumor
- D. Rhabdomyosarcoma of the anterior abdominal wall



Figure 1. Computed tomographic scan of the abdomen showing intraperitoneal extension of the hemangioma, with mass effect on the colon and feeding vessels arising from the left iliac artery.

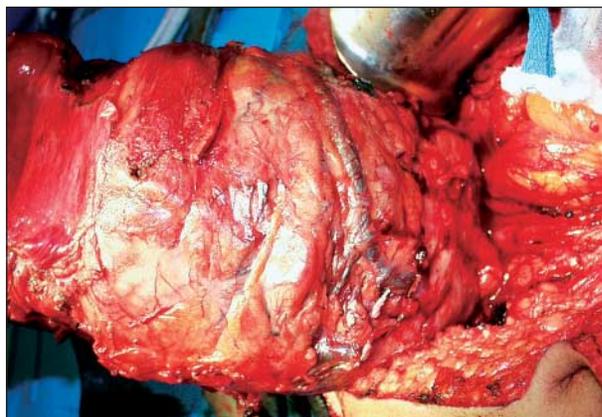


Figure 2. Radical resection of a rectus abdominis intramuscular hemangioma with the feeding vessels ligated.