

Answer

Rectus Abdominis Intramuscular Hemangioma

The patient underwent an exploratory laparotomy, radical resection of the left abdominal wall mass, and reconstruction of the abdominal defect with a large acellular dermal inset and Marlex mesh (Figure 2). Hemangiomas, the most common tumor of infancy, occur often in the head and neck region, although 25% are found in the trunk. Giant intramuscular hemangiomas are progressively enlarging benign tumors, characterized by variable appearance. They are congenital malformations that may be present at birth and become significant only in adulthood. Intramuscular hemangiomas occur in patients of all ages but are most common in young adults, with 90% occurring before the age of 30.¹ They may act as infiltrating lesions, leading to the misdiagnosis of angiosarcoma. Hemangiomas are distinguished from angiosarcomas by the lack of pleomorphism or significant endothelial multilayering and by the lack of irregular, ramifying, anastomosing thin-walled channels. In addition to blood vessels infiltrating the spaces between muscle fibers, there is frequently an abundance of adipose tissue.²

The first sizable analysis of intramuscular hemangiomas, a review of 89 cases, was performed by Allen and Enzinger³ in 1972. Although rare, intramuscular hemangiomas are of interest clinically because of their ability to mimic aggressive tumors, and because they may cause pain, cosmetic disfigurement, and compressive symptoms. Pain can be a symptom of enlarging hemangiomas or those with spontaneous thrombosis. Intramuscular hemangiomas are defined pathologically as vascular spaces of variable size lined with endothelial cells and separated by fibrous septa localized within the skeletal muscle. These tumors never metastasize; however, they are associated with a 20% local recurrence rate, which is thought to be related to inadequate primary surgical excision.^{2,4}

Radical resection remains the most effective treatment for giant intramuscular hemangiomas and often results in permanent cure. Giant intramuscular hemangiomas are challenging to the surgeon in that they have a tendency to recur if they are not completely resected and if their feeding and draining vessels are not identified and divided. We recommend performing one-stage radical en block resection of these tumors at first diagnosis with abdominal wall reconstruction.

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