

Case Report

Intramuscular Cavernous Haemangioma in Left Calf Muscle: Successful Surgical Treatment

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Abstract

A 25 years old female was successfully treated at our hospital for Intramuscular Cavernous Haemangioma in the left calf muscle. The patient was diagnosed clinically and by Magnetic Resonance Imaging (MRI). About 16 years back she had a history of operation in the same region for the similar complain. Our surgical approach was ligation of the feeding and draining veins of intramuscular haemangioma. In some areas we plicated the haemangioma and in other areas diathermy burn and Na-tetrasclerotherapy were done. There were no post operative complications with a minimal hospital stay and good functional outcome was achieved.

Keywords: Cavernous haemangioma; MRI; Intramuscular Cavernous Haemangioma

Introduction

Intramuscular Cavernous Haemangiomas (ICHs) are very rare soft tissue benign tumors of vascular origin [1-3]. They are mostly found in extremities and trunk accounting for <1% of all Haemangiomas [4]. Wide local incision is a treatment of choice for ICH. If the lesion had spread more diffusely into the muscle, the morbidity is created by extensive muscle resection. It has been estimated that 90% of the ICHs occur before third decade of life [5,6]. There is a general agreement that females are commonly affected than males [7,8].

Case Presentation

A 25 years old female admitted in Impulse Hospital, Dhaka, Bangladesh with the complaint of pain in the left calf region for 4 months. About 16 years back, she had a history of operation in the same region for the same complaint.

On examination left calf area was swollen and tender; there was a vertical scar mark of the previous incision and equinus deformity was present (Figure 1).

Magnetic Resonance Imaging (MRI) of the left lower extremity and routine laboratory investigations were done. There were marked cavernous sinuses of all calf muscles, specially the gastrocnemius in soleus muscles (Figure 2a and 2b).

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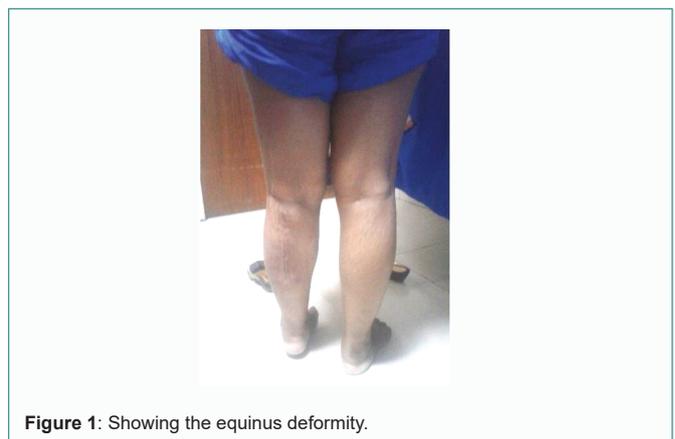


Figure 1: Showing the equinus deformity.

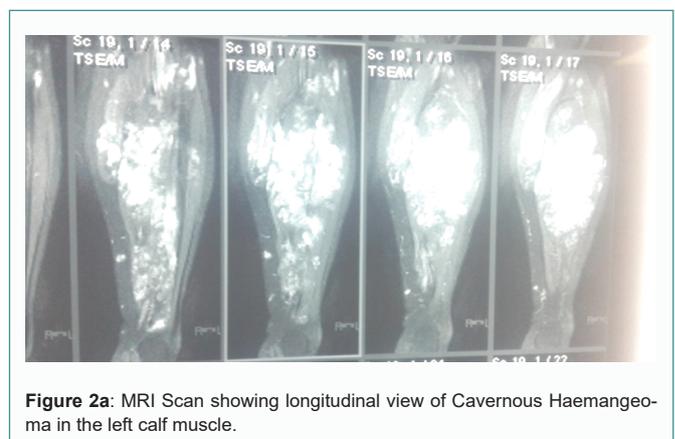


Figure 2a: MRI Scan showing longitudinal view of Cavernous Haemangioma in the left calf muscle.

On 06 October 2018, under all aseptic precautions spinal anesthesia was given. Calf area was opened through the same previous incision and well exposure was done showing that there was huge cavernous sinus inside the muscle fiber. Excision and plication

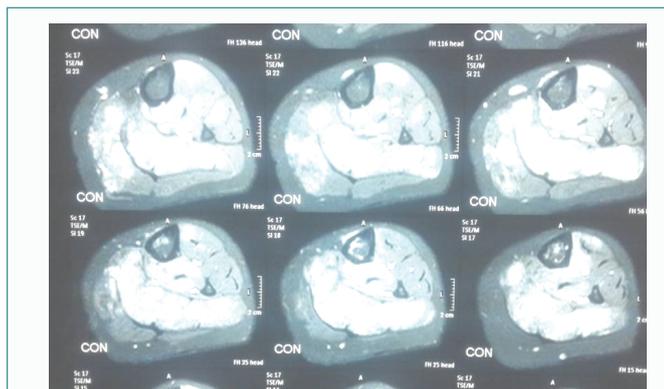


Figure 2b: MRI Scan showing longitudinal view of Cavernous Haemangioma in the left calf muscle.

were done of the most sinuses. In some areas diathermy burn and Na-tetra sclerotherapy were done. There was profuse bleeding during operation which we managed by fresh whole blood transfusion and voluven (hydroxyethyl starch in sodium chloride injection) [9]. The patient was discharged on fourth postoperative day with advice of exercise, physiotherapy and follow up. On 28 April 2019, follow-up was given. The patient's condition was good, only mild pain at the lower part of incision site was present.

Discussion

Venous malformation can occur in every muscle group with pain and swelling being the usual complaints [10]. Vascular malformations are usually present at birth, grow proportionally with the child and never involute. They can be classified as arterial, arteriovenous, venous, capillary or lymphatic and the aetiology is unclear but possibly congenital in origin [1,5,10].

Conclusion

Our surgical approach was ligation of the feeding and draining veins of the ICH. In some areas, diathermy burn and Na-tetra sclerotherapy were done.

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