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Case Report

Giant Angiomyxolipoma of the Scalp

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ABSTRACT

Angiomyxolipoma (AML), is a rare lipoma variant with characteristic histopathological and immuno-histochemical features . Here we present a case of angiomyxolipoma appearing in the subcutaneous tissue of the scalp with the size of 9.0x3.0 cm. Review of literature reveals 24 cases of AML with two cases of scalp lesion being reported up to date. This is the first case study which has been demonstrated the rate of growing size as 4,5 times in 18 months in this pathology.

INTRODUCTION

Vascular Myxolipoma is a very rare variant of lipoma that was firstly described in 1996 by Mai [1]. at the region of spermatic cord [1]. Since then, only 24 cases reported so far in current literature in different sites (Table 1).

Table 1: Clinical features of reported cases of anjiomyxolipoma

Case	Reference	Gender/Age(y)	Location	Duration	Dimention(cm)
1	Mai et al.	M/32	Spermatic cord	3 month	2.5
2	Zamecnik	M/57	Scalp	NS	1.5
3	Okafor et al.	M/50	Back	3y	3.5
4	Sciot et al.	F/60	Thigh	4 month	6.2
5	Tardio et al.	M/66	Scalp	NS	2.5
6	Lee et al.	M/44	Forearm	7y	6
7	Lee et al.	M/57	Wrist	2y	5
8	Sanchez et al.	M/43	Subungual area	1y	0.6
9	Kang et al.	M/38	Gluteal area	3y	2
10	Song et al.	M/69	Iliac crest	3y	2
11	Kim et al.	M/9	suprapatellar	5y	8.5
12	Martinez-Mata et al.	M/12	Buccal mucosa	NS	6
13	Pukar et al.	F/15	Colon	6 month	4
14	Bergin et al.	F/51	Knee	NS	NS
15	Al Shraim et al.	M/4	Plantar	8 month	2.5
16	Hantous-Zannad et	F/49	Posterior	2y	6.5
17	Hammedi et al.	M/50	Thigh	1y	10
18	Topak et al.	M/17	Parapharyngeal	4y	5
19	Nair et al	M/70	Oral cavity	1y	3,6
20	Cho et al.	M/72	Spermatic cord	1 month	9.8
21	Bajpai et al	M/51	Tongue	NS	NS
22	Traboulsi et al.	M/43	Bilateral kidneys	1y	12
23	Al-Bdairat et al.	F/78	Sub-Brow	4 month	3,5
24	Rhee et al.	M/32	Thumb	7y	1
25	Present case	M/33	Scalp	18 month	9

NS not specified

CASE REPORT

A 33-year-old man had a painless parietal mass on left side of the head with a 2.0x0.5 cm size. It felt elastic firm and mobile. The mass was non-pulsatile and non-tender. The skin over the mass was normal. Ct showed a well-defined soft tissue density lesion measuring 2.0x0.5 cm on the left side of the head (Figure 1). The prevenient diognosis was lipoma and the patient disclaimed the surgery at that moment. After 18 months he came with a mass at the same region with the size of 9.0x3.0 cm.

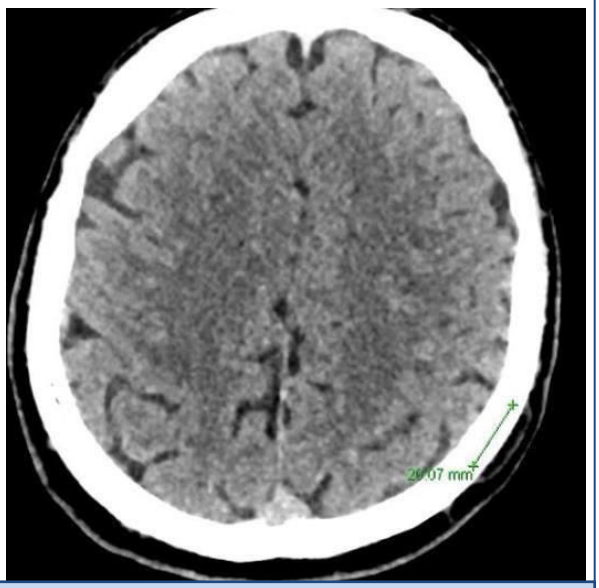

Figure 1: Brain CT scan reveals 2 cm lesion in scalp at the first admission trials.

Ct showed a mass of heterogenous density without any bone invasion in the subcutaneous tissue of the scalp (Figure 2). The attenuation value for the homogeneous mass portion was measured as +15 Hounsfield units. Magnetic resonance imaging (MRI) with intra-venous contrast showed heterogenous enhancement in post-contrast images (Figure 3). The lesion was surgically totally excised under general anesthesia with a linear incision over the mass itself (Figure 4). There were no postoperative complications. Histological and immunohistochemical reports demonstrated the diagnosis as angiomyxolipoma. Spindle cells in the myxoid areas were positive for CD34 and negative for S-100 protein and smooth muscle actin (SMA). Mature adipocytes stained for S-100 protein and negative for SMA. Presently patient is on follow-up for 10 months without recurrence.

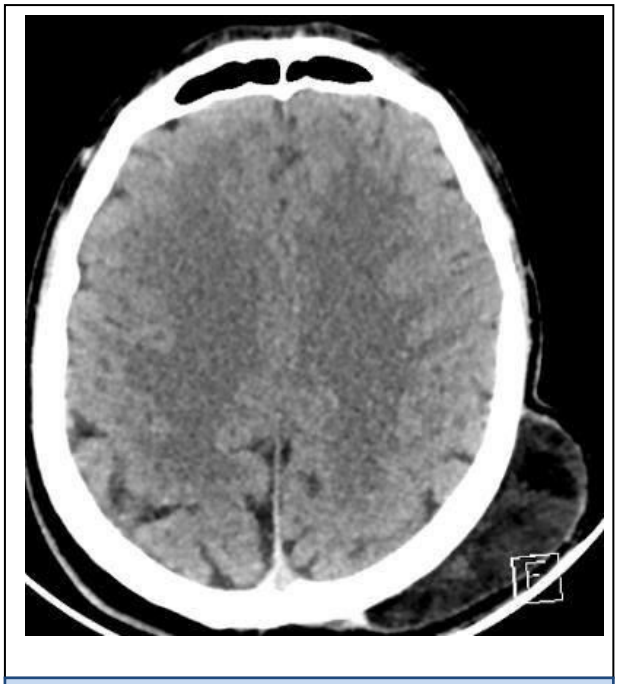

Figure 2: Brain CT scan showing the mass after 18 months from the first admission.

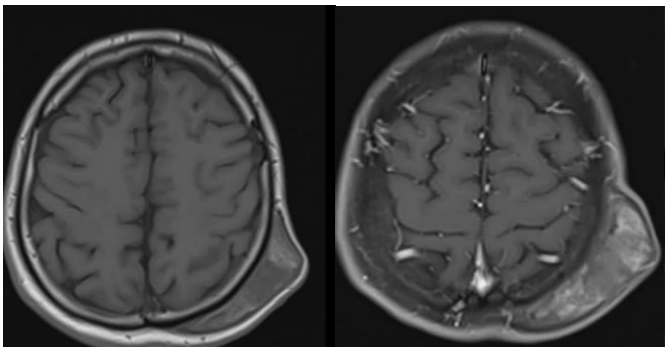

Figure 3 (A)

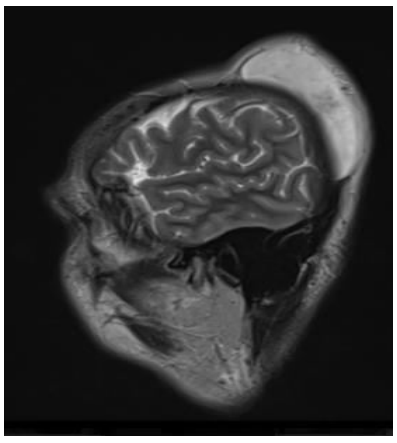

Figure 3 (B)

Figure 3: A) T-1 weighted image of the lesion with corresponding post-contrast image.
B) T-2 weighted image in sagittal plane..

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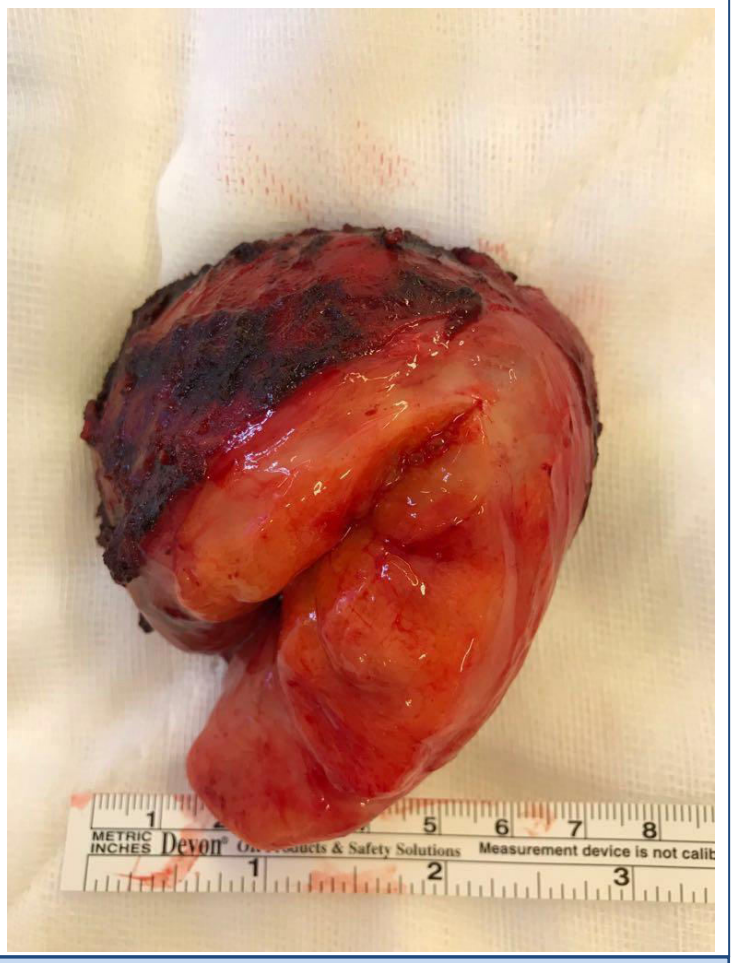

Figure 4: Gross appearance of surgical specimen.

DISCUSSION

Lipomas are the most common mesenchymal neoplasms, which can appear approximately 20% in the head and neck [2]. They are composed of mature adipocytes separated by fibrous bundles with little vascularization. Different types of lipomas are recognized according to their composition: angiolipoma, spindle cell lipoma, spindle cell angiolipoma, pleomorphic lipoma, and condroid lipoma [3]. Although lipoma is a common benign tumor, AML subtype is rare.

The first case of vascular myxolipoma (AML) was reported in 1996 which has occured in spermatic cord. To date 24 additional cases of this rare pathology have been reported. Patients were aged 4-78 years. The male ratio is 84 %. The location of the lesion is most frequent into the subcutaneous tissues. Our patient is the third to present into the subcutaneous tissue of the scalp with AML. This is the first case in which we demonstrated the rate of growth as 4,5 times in 18 month.

Angiomyxolipoma shows characteristic histopathological findings which include an admixture of mature adipose tissue without lipoblasts, myxoid stroma with few spindle cells, and the presence of multiple blood vessels. In myxoid areas, spindle cells are positive for CD34 and vimentin expression, and negative for SMA, desmin, and S100 protein expression [4]. The main differential diagnosis of AML include lipoma, spindle cell lipoma, fibromyxolipoma, liposarcoma, myxolipoma, intramuscular angioma, lipoblastoma, and low-grade myxofibrosarcoma [5]. AML is considered a benign lesion that has no tendency to evolve over time into aggressive neoplasm. According to previous reports, AML in the scalp was only in two cases and, the greatest dimensions were 1,5 and 2,5 cm respectively. Recurrens were not observed. There were no information about lesion duration. Standard treatment is only surgical removal of the mass.

CONCLUSION

We present an extremely rare case of AML located in the subcutaneous tissue of the scalp with a huge size. The pathological behaviour of this lesion has only been demonstrated with limited number of reported cases. Awareness of the diagnosis should be underlined.

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