

原文題目(出處)：	Intramuscular hemangioma presenting with multiple phleboliths: a case report. Oral Surg Oral Med Oral Pathol Oral Radiol 2013;115:e32-e36.
原文作者姓名：	A Zeynep Zengin, Peruze Celenk, A Pinar Sumer
通訊作者學校：	Department of Maxillofacial Radiology, Faculty of Dentistry, University of Ondokuz Mayıs, Samsun, Turkey
報告者姓名(組別)：	呂珮誼 Intern I 組
報告日期：	2013/5/6

內文：

I. About the patient of the case

- A 21-year-old woman presented with a complaint of swelling of the right masseter muscle.



- The swelling had been present since 6 months of age and had gradually grown as the patient aged.
- A temporary increase in the size of the mass was observed when the patient cried, laughed, or performed handstands.



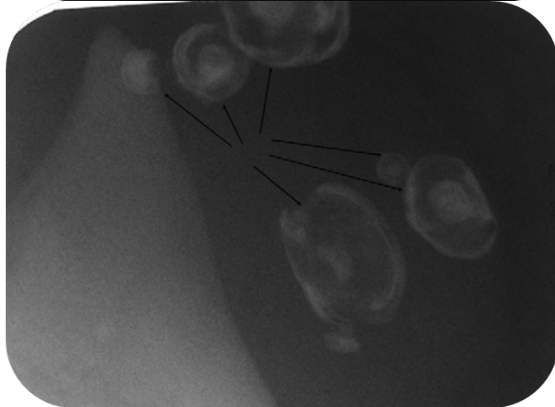
- No dental disease was observed, except dental caries over occlusal side of tooth #16.
- Unremarkable medical and family history
- Examination of the mass over R't face:
 - ◆ immobile
 - ◆ with hard nodules of various sizes
 - ◆ no bruits or pulsation

- Intra-oral exam:
 - ◆ normal-colored mucosa
 - ◆ normal discharge from the R't parotid gland.

II. Radiographic examination



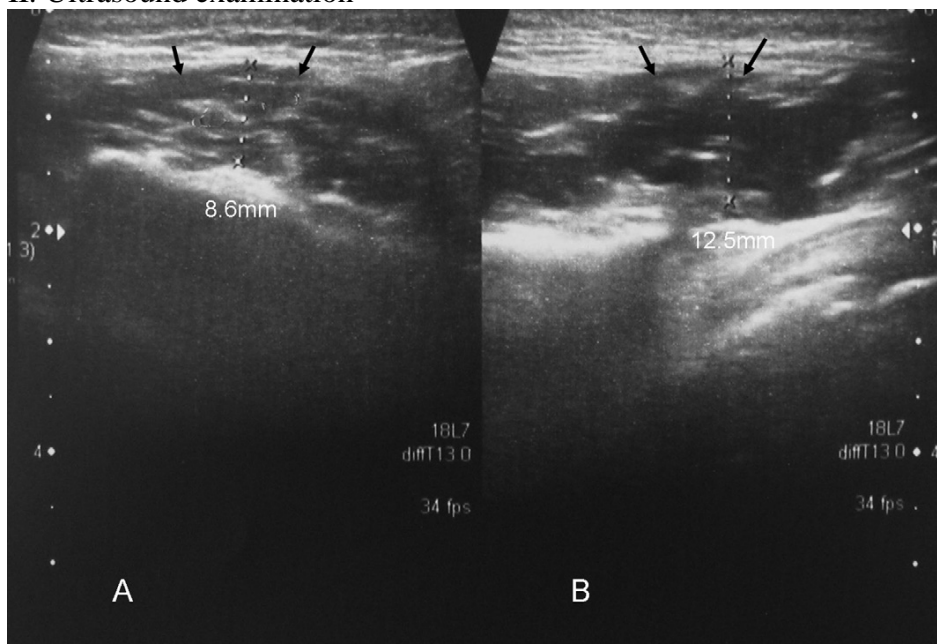
round target-like radiopacities



Based on radiographic and clinical findings, the lesion was suspected to be

1. sialolith
2. phlebolith

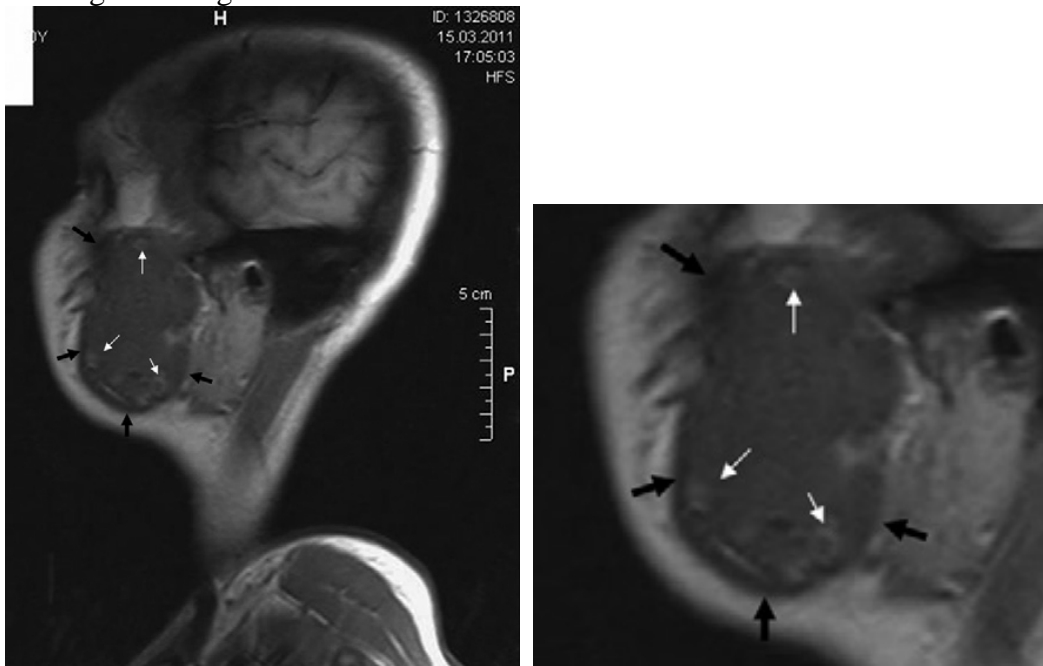
II. Ultrasound examination



2 nodular structures about 9 (A) and 13 (B) mm thick, with smooth margins in the subcutaneous area

III. MRI examination

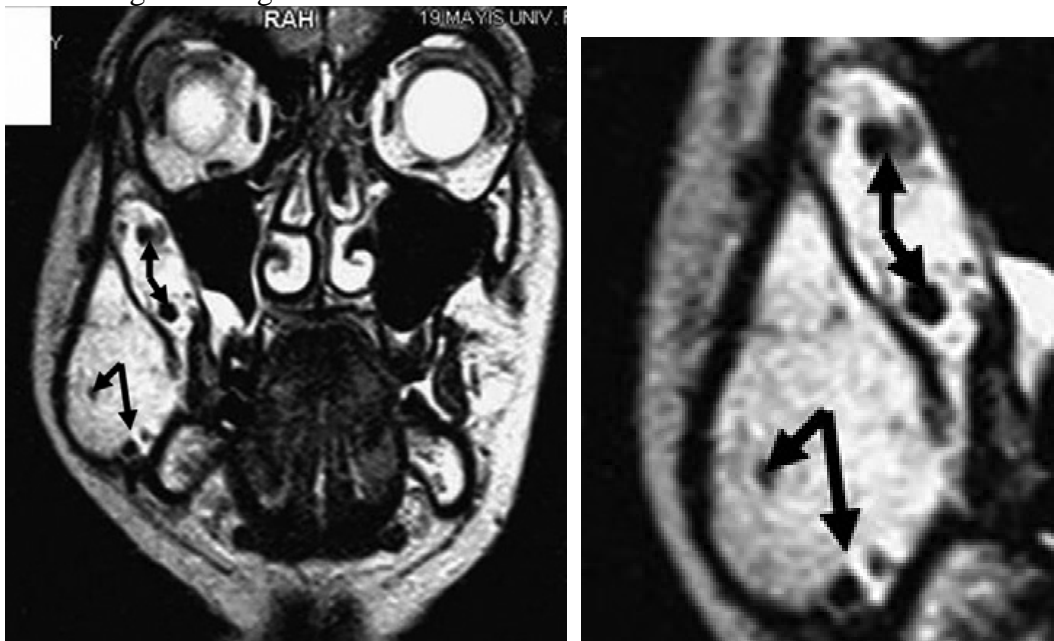
1. T1-weighted images



isointense mass 5-6 cm in size with distinct borders in the R't masseter muscle (black arrow).

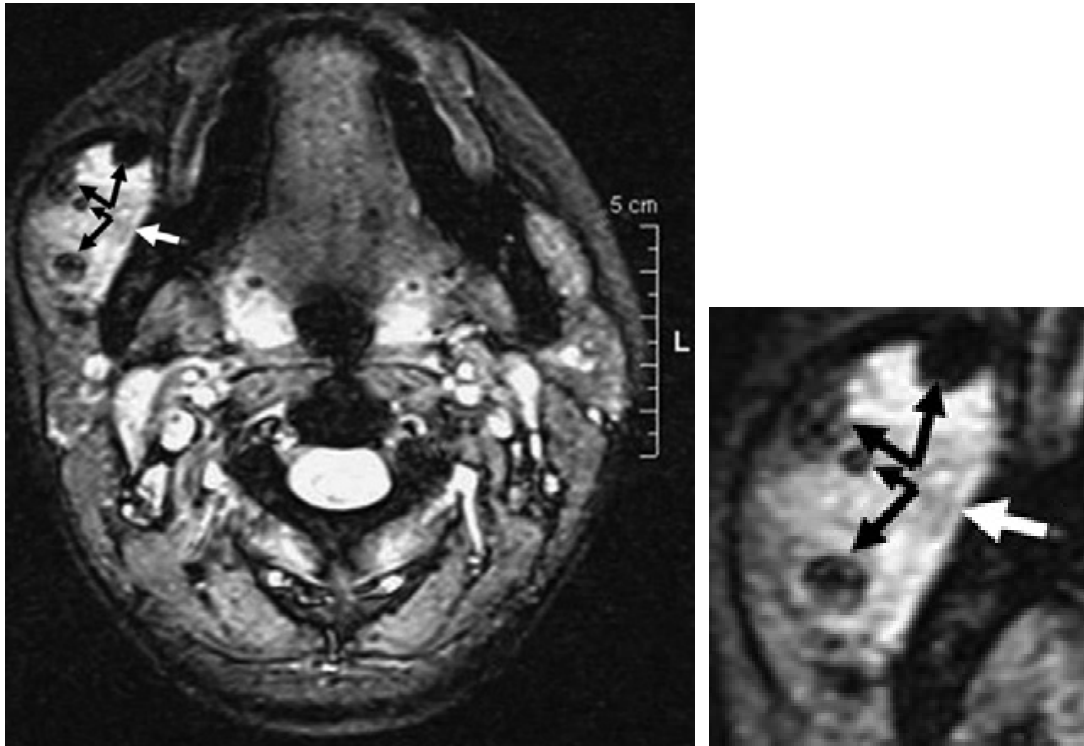
Millimetric slightly hyperintense nodular areas are seen within the homogeneous mass (white arrows).

2. T2-weighted images



millimetric hypointense structures (black arrows) in the hyperintense mass

3. Contrast-enhanced T1-weighted



many nonenhancement nodular structures (phleboliths) (*black arrows*) in the strongly enhancing mass with smooth borders (*white arrow*).

IV. About Intramuscular Hemangiomas (IMHS)

- Congenital vascular malformations
- No gender predispositions.
- Main complaint is the presence of a slowly enlarging mass
- Generally develop during the first 3 decades of life
- 50% of IMHs occur in the head and neck region, with the masseter muscle is the most common site
- The diagnosis of IMHs can be difficult, because
 - ◆ the deep intramuscular location
 - ◆ rare incidence
 - ◆ lack of specific symptom
- Definitive preoperative diagnosis has been reported in 8% of cases.
- Usually no overlying skin changes.
- There may be occasional reddish-blue discoloration.
- Situations that increase the venous pressure in the head increase IMH size.

V. Differential Diagnosis of a mass in the masseter muscle

- benign muscular hypertrophy
- Lymphadenopathies
- sialoceles of the parotid gland duct
- various parotid and muscle neoplasms

VI. Differential Diagnosis of calcifications in the head and neck area

- sialolithiasis
- tonsilloliths
- healed acne lesions
- calcified lymphnodes
- carotid artery calcifications

VII. Therapy for Intramuscular Hemangiomas (IMHS)

- cryotherapy

- radiotherapy
- sclerosing agents
- steroids
- complete excision of the tumor and involved muscle

題號	題目
1	MRI 影像中，在 T1-weighted image 與 T2-weighted image 中，訊號最強(Hyperintense)、看起來最亮的物質分別是? (A) 脂肪，水 (B) 水，脂肪 (C) 皮質骨，空氣 (D) 肌肉，脂肪
答案(A)	
題號	題目
2	治療 Intramuscular Hemangiomas (IMHS)的方法中，復發率最低的是? (A) complete excision of the tumor and involved muscle (B) steroids (C) sclerosing agents (D) cryotherapy
答案(A)	