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Aggressive fibromatosis of the neck

ABSTRACT

Introduction: We present the case of a 35 years old female patient with history of a painless mass located at the right side of the neck, without evidence of another malign tumor.

Material and Method: The computed tomography, subse-

quent magnetic resonance and a surgical excision of the right side of the neck revealed aggressive fibromatosis of the neck also known as desmoid tumor.

Results and Conclusion: We conclude that the imaging results are specific. The differential imaging diagnosis should in-

clude: rhabdomyosarcoma, fibrosarcoma, lymphoma, and metastatic disease.

Key words: Aggressive fibromatosis, desmoid tumor, CT, MR.

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Introduction

Aggressive fibromatosis, this entity is also known as a desmoid tumor, is a rare soft tissue mass classified pathologically between benign and malignant and loca-

lly aggressive.¹ It accounts for fewer than 3% of all soft tissue tumors.² Only 10%-15% of these lesions occur in the head and neck.¹

Case report

Our case is of a 35 year-old white female with a history of a painless mass located on the right side of the neck with the epicenter at the level of the oropharynx,

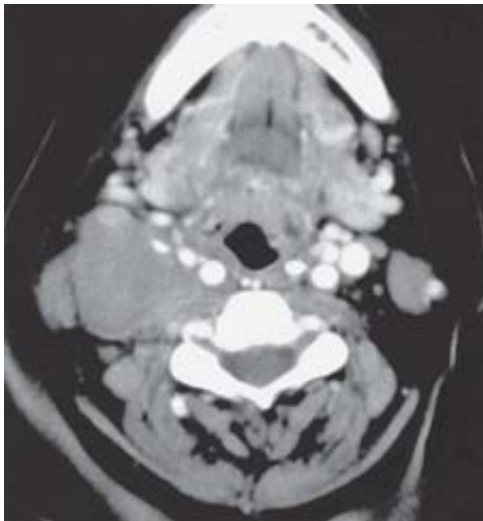


Figure 1. Axial post-contrast CT at the level of the oropharynx revealed a large soft tissue mass lateral to the carotid space and displacing and compressing the carotid vessels and jugular vein medially. The mass is well marginated and minimally enhanced.

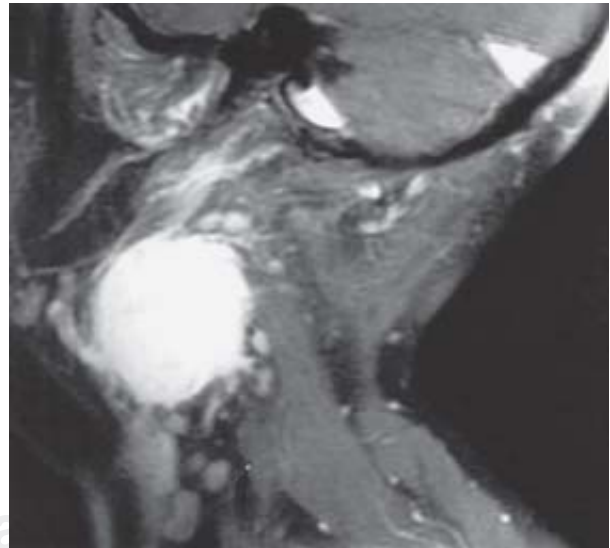


Figure 2. Para-sagittal T1 Weighted post-contrast fat saturation MR image of the right side of the neck revealed a markedly enhanced soft tissue mass. The margins of the mass appear to be slightly irregular.

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RESUMEN

Presentamos el caso de una paciente femenina de 35 años de edad con historia de masa indolora localizada al lado dere-

cho del cuello, sin evidencia de otro tumor maligno primario. La tomografía computarizada, subsecuente resonancia magnética y una excisión quirúrgica del lado derecho del cuello revelaron fibromatosis agresiva también conocida como tumor desmoide. Concluimos que los

resultados por imagen son específicos. El diagnóstico diferencial por imagen debe incluir: rabdomiosarcoma, fibrosarcoma, linfoma y enfermedad metastásica.

Palabras clave: Fibromatosis agresiva, tumor desmoide, TC, RM.

that had grown gradually over a period of months. There was no evidence of other another primary malignant tumor.

Material and method

On Computed Tomography (CT), there was a large soft tissue mass, isointense to muscle and with no evidence of enhancement. This mass was located laterally to the carotid space (*Figure 1*). A subsequent Magnetic Resonance (MR) examination revealed a relatively well-marginated mass with marked enhancement (*Figure 2*). Surgical excision of the mass revealed a desmoid tumor.

Results

Imaging findings described in the literature are those of a poorly marginated trans-spatial enhancing mass in the extracranial head and neck soft tissues that arises from the musculoaponeurotic structures³. The most com-

mon locations are supraclavicular and masticator spaces. There is a broad range of interaction with the surrounding soft tissues. A less aggressive variety of these tumors appear well circumscribed and the more aggressive tumors appear to invade the adjacent muscle and bone.

Conclusions

The CT findings may be non-specific. MR findings on T1 Weighted images demonstrate the mass to be of intermediate to low intensity, as it relates to adjacent muscle. On T2 Weighted images, the mass may be heterogeneous in signal intensity. On post-contrast T1 Weighted images the enhancement of the mass may be moderate to marked with irregular margins in the more malignant lesions. The differential diagnosis on imaging should include: rhabdomyosarcoma, fibrosarcoma, lymphoma and metastatic disease.³

Referencias

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