



IMAGES IN PAEDIATRICS

Newborn with elbow lump

Recién nacido con tumoración en el codo



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Male neonate born at 37 weeks of gestation, with no obstetric or maternal history of interest. The first physical examination revealed a mass in the right elbow (Fig. 1), with no other abnormalities.

The infant was assessed in the paediatric surgery and radiology departments (Figs. 2 and 3), leading to diagnosis of a microcystic lymphatic malformation.^{1–3} Following a multi-disciplinary evaluation, the decision was made to surgically remove the lesion with intraoperative neurophysiological monitoring at age 1.5 years. The histological examination of the specimen confirmed the suspected diagnosis, with detection of the D2 40 marker (+). No further abnormalities have been identified in the follow-up to date.

Lymphatic malformations, formerly known as lymphangiomas, are congenital malformations resulting from the obstruction of lymphatic vessels, usually in the cervical region.^{1,3} It is rarely found in the upper extremities. Sonography² is useful for their diagnosis, as it can detect the presence of cysts. They rarely progress to malignant tumours. Watchful waiting is a controversial approach, as these masses rarely regress spontaneously.¹ There are several options for medical management^{2,3} (sirolimus, OK-432 or doxycycline) reserved for macrocystic malformations. However, surgical management^{1–3} continues to be the most



Figure 1 Mass in right elbow: soft mass measuring approximately 5 × 5 cm, unattached to deeper structures, absence of erythema or other cutaneous signs of inflammation.

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frequent approach, although the appropriate timing is still under debate: some authors recommend surgery at birth, and others after 1–2 years of life.

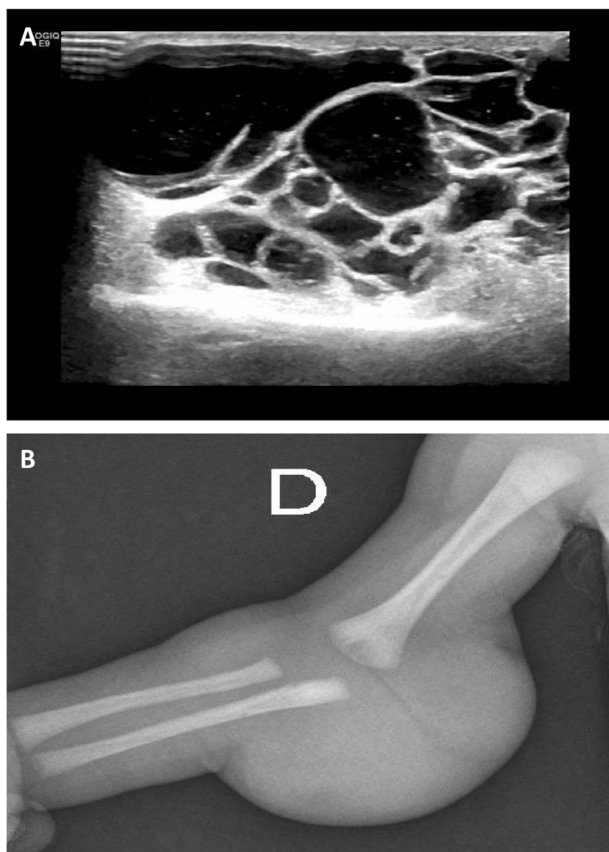


Figure 2 Ultrasound scan and plain radiograph of the lesion. (A) Ultrasound scan of the right upper extremity: multicystic lesion measuring $52 \times 34 \times 52$ mm (CC \times AP \times TR), predominantly avascular, located in the subcutaneous tissue of the posterior elbow and extending into the adjacent compartments. No involvement of bone, joints or muscle tissue. (B) Plain radiograph of the right upper extremity showing a tumour in the right elbow.

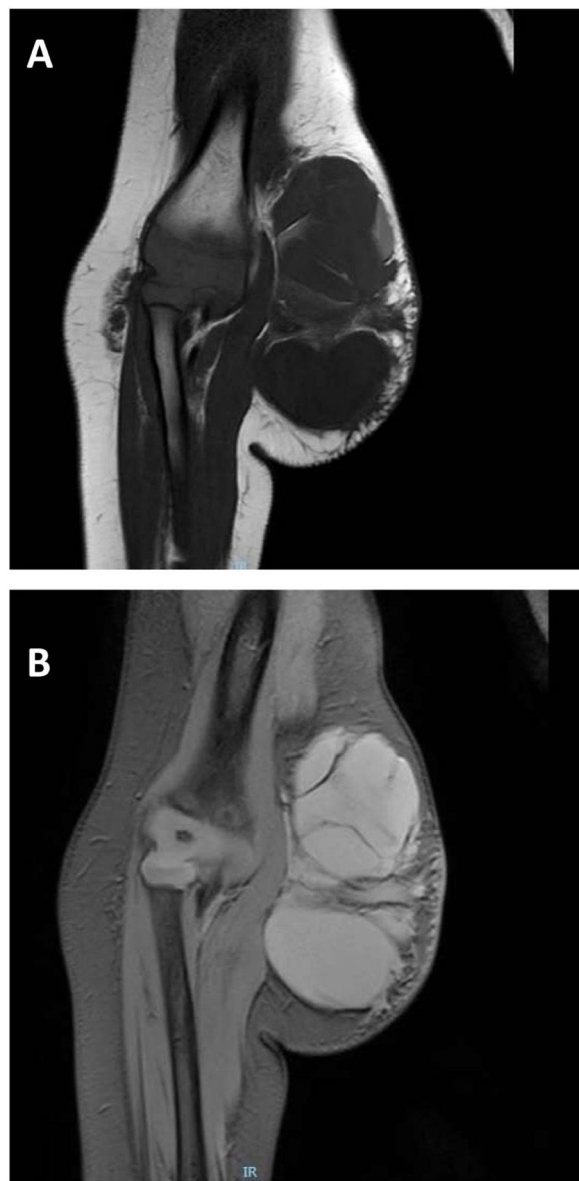


Figure 3 Magnetic resonance imaging of the lesion. (A) Fat-suppressed proton density-weighted T1-weighted image. (B) Gradient echo T2-weighted image.

References

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