CLINICO-PATHOLOGICAL CONFERENCE

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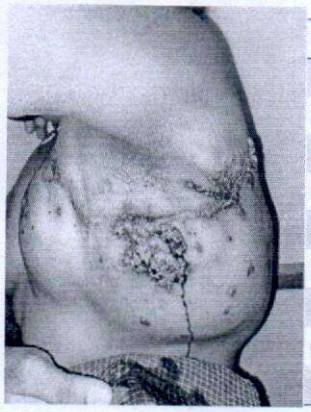
CHIEF COMPLAINTS: 38-year-old female came to surgery op with chief complaints of swelling over left lateral chest wall since birth and serosanguinous blood tinged discharge since 7 months.

CLINICAL EXAMINATION:

- Fungating and ulcerating lesion 5 x 4 cm in left lateral chest wall extending posteriorly.
- Serosanguinous blood tinged discharge present.
- Diffuse swelling, soft to firm in consistency over left anterior chest wall extending laterally and posteriorly.
- Swelling with restricted mobility and not fixed to underlying chest wall.
- Hypertrophic scar extending from lateral chest wall to postero-medial aspect of left upper arm.
- No local rise of temperature and tenderness noted.

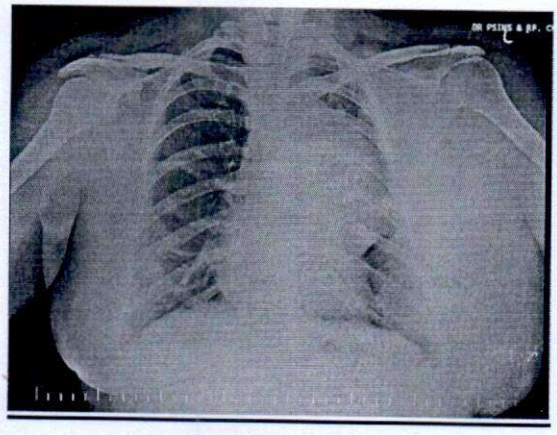


TEST	VALUE
Hb	**6.4 gm%**
TWBC	6700 cells/ul
S. creatinine	0.7 mg/dl
S. Ferritin	**34.9 ng/ml**
S.TSH	1.82 ulU/ml
Iron	**9.25ug/dl**
Bleeding time	2 minutes
Clotting time	4 minutes
Platelet count	3,11,0000/ul

2D echo findings:

No LV RMWA; Good LV/RV function; decreased diastolic compliance (grade-I); No MR, AR, TR, PAH; IVC- normal and collapsing; No PE, Clot/ vegetations

X RAY CHEST:

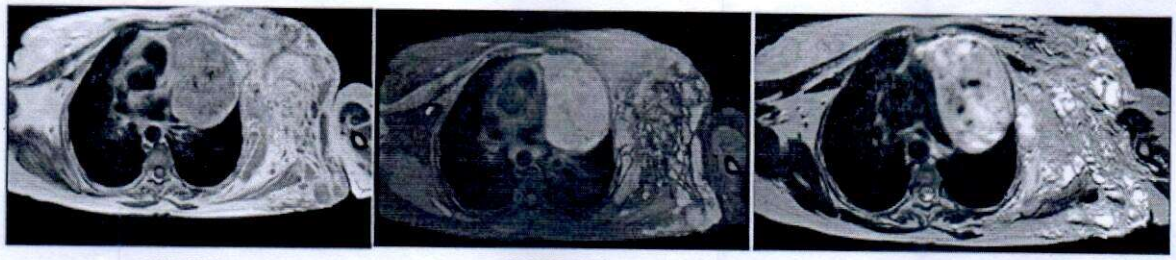


ULTRASOUND MASS IN LEFT MID AXILLARY LINE:

A large heterogenous hyperechoic lesion noted extending from skin surface upto antero-lateral chest wall on left side with multiple anechoic areas within it showing venous type of flow on doppler. Arterial flow also noted in the lesion.

MRI LEFT CHEST WALL FINDINGS:

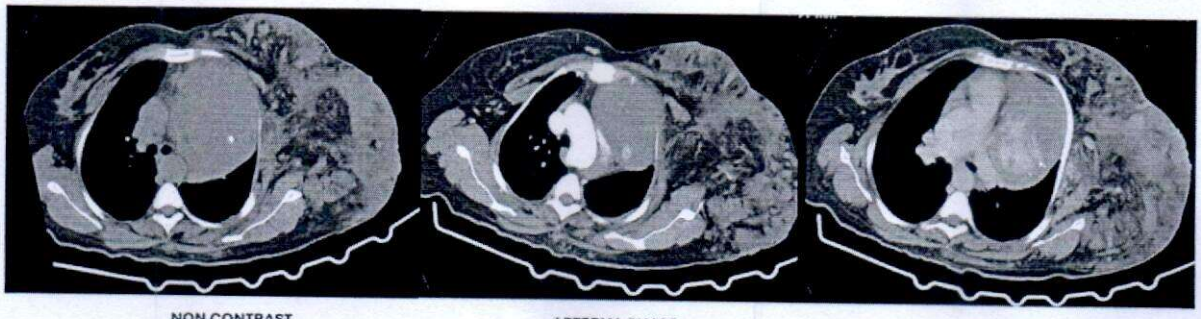
- Large nonencapsulated soft tissue in the left chest wall, which appears to be metameric type, seen extending into the lower neck region. Lesion shows serpiginous foci within it. Few signal voids seen which can be either flow voids of high flow (or) more likely calcific phleboliths. Majority of the serpiginous lesions appear slow flow vessels as they are hyperintense of T2WI. All these serpiginous lesions are interspersed by large hypertrophic fatty component, which is supressed on FATSAT images.
- There is large mediastinal soft tissue component also noted.
- Similar signal intensity lesions also seen in the spleen and multiple vertebral bodies.



T1WI AXIAL | T1 SPIR AXIAL | T2WI AXIAL

CT UPPER LIMB ANGIOGRAPHY FINDINGS:

- Soft tissue lesion described in the MRI is redemonstrated with chest wall component and mediastinal components.
- Except for couple of venous lakes and capillary enhancement majority of the lesion is not showing any arterial enhancement but they are slowly enhancing in delayed phase



NON CONTRAST | ARTERIAL PHASE | DELAYED PHASE

PAST HISTORY:

At 5 days of life, she underwent partial excision of swelling and the HPE details of which are not available.

History of excision of swelling over left lower part of neck region in 2012.

**Patient is admitted and currently undergoing treatment for correction of

Hb which was initially 6 gm% at the time of admission.