

A Rare Case of Myopericytoma of the Base of Right Index Finger Managed with En Bloc Excision

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Abstract:-

Title: A rare case of myopericytoma at the base of right index finger managed with en bloc excision.

Methodology: A 53 year old female presented with complains of right index finger pain and swelling since the last 4 years aggravated since the last 1 week. On examination , a swelling was noted over the base of the index finger with the plane being subcutaneous and tenderness noted over the swelling. No skin changes, scars or sinuses noted. Patient was evaluated and no bony involvement with mild elevation in erythrocyte sedimentation rate was noted and planned for en bloc excision of the mass.

Result: En bloc excision of the mass measuring 1x0.7x0.5 cm was performed and sent for histopathological evaluation which revealed an encapsulated lesion showing spindle cells which are surrounding the blood vessels and a diagnosis of Myopericytoma was made. Patient achieved full range of motion of the index finger and complete resolution of pain following the procedure with good postoperative outcome.

Conclusion: Myopericytomas are a recently described group of tumours that originate from the peri vascular myoid cells and are predominantly seen in distal part of extremities. It is a rare tumor and hence identification is of utmost importance and surgical excision yielded good postoperative outcome in our case.

I. INTRODUCTION

Myopericytoma is a rare benign soft tissue neoplasm that arises from peri vascular smooth muscle like myopic cells that share features of both gloms and smooth muscle cells and it usually affects the extremities.¹ They often present as a solitary, well demarcated, slow growing and non painful palpable nodule and might be present even for several years.

II. MATERIALS AND METHODS

A 53 year male patient presented with swelling over the base of right index finger which was insidious in onset and present since the last 4 years. The swelling was not associated with pain but was cosmetically disturbing for the patient. On examination, a 1.0 x 0.7 x 0.5 cm swelling was noted over base of the index finger (Fig.1) and arising from the subcutaneous plane and with no skin changes or draining sinuses. Radiographs were done which revealed no bony abnormality. However ESR was elevated and an ultrasound

scan of the mass revealed a soft tissue lesion in the subcutaneous plane with well defined margins.

The patient was planned for an en bloc excision of the lesion and sample sent for histopathological evaluation which showed an encapsulated lesion showing spindle cells with an elongated nucleus. The cells had an eosinophilic cytoplasm. The spindle cell proliferation is seen around blood vessels in a concentric manner and at the periphery the blood vessels were thin walled and gaping. A mixture of inflammatory cells was noted and features were suggestive of a Myopericytoma.

III. RESULTS

Myopericytoma are rare tumours ² with a good prognosis and accurate identification and excision of the tumour was successfully done in our case with good post operative outcome.³

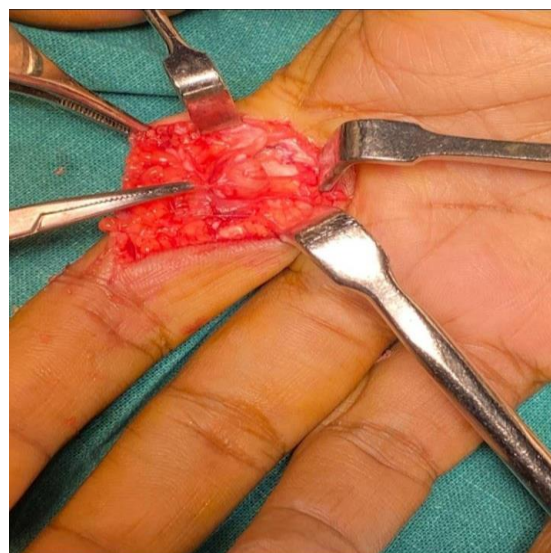


Fig 1: Operative image

Conclusion- Myopericytomas are rare tumours and hence identification is of utmost importance and surgical excision with the tumour capsule en bloc yields good outcomes.

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