

A case report on Intramuscular Myxoma

Prabjoth Kaur Kapoor, Midhula MJ*, Shreya VS

Department of Pharmacy Practice, Aditya College of Pharmacy, Surampalem, East Godavari, Andhra Pradesh, India

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Corresponding Author:

Midhula MJ

Department of Pharmacy Practice

Surampalem, East Godavari district

Andhra Pradesh: 533437

E-mail: mjmidhula@gmail.com

ABSTRACT

Intramuscular myxoma is a rare mesenchymal tumour reported to be in 1 in one lakh population and most frequently diagnosed in females (~57%) patients between fifth and sixth decades of life. These tumours are commonly benign in nature and it usually favours in thighs, shoulders, buttocks. A very rare site of this tumour is forearm mainly found in elderly patients. Generally, myxoma is composed of gelatinous material that has a myxoid histologic appearance. They are slow growing, asymptomatic and submucosal masses. There is no known underlying cause for this condition but it is suspected that it can occur due to the combination of genetic and environmental risk factors. In this case report local reoccurrence has not been reported after resection. We treated the patient with surgical excision and that seems to be the most effective treatment. After surgical excision if reoccurrence occurs histopathologic diagnosis should be reviewed. The tumor may be low grade myxoid neoplasm and treatment plan may be changed. An elderly patient presenting with a solitary soft tissue tumour should be thoroughly investigated to rule out the soft tissue sarcomatous conditions, which in many ways mimic the intramuscular myxoma.

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Introduction

Intramuscular myxoma is a rare mesenchymal tumour reported to be in 1 in one lakh population and most frequently diagnosed in females (~57%) patients between fifth and sixth decades of life. These tumours are commonly benign in nature and it usually favours in thighs, shoulders and buttocks. A very rare site of this tumour is forearm mainly found in elderly patients. Generally, myxoma is composed of gelatinous material that has a myxoid histologic appearance. They are slow growing, asymptomatic and submucosal masses. There is no known underlying cause for this condition but it is suspected that it can occur due to the combination of genetic and environmental risk factors [1,2].

Case Report

A 54 year old female patient admitted in female surgical ward in GSL General Hospital, Rajahmundry with a complaint of swelling over dorsal right forearm since last 4 years which was insidious onset and gradually progressive in nature. She also had a complaint of pain which was intermittent, dull, aching and aggravated during work. The pain was relieved after taking medications. She was a known case of diabetes mellitus and hypertension since 2 years, for that she was taking Glipizide 5mg + Metformin 500mg and Atenolol 50mg respectively. She

also had a surgical history of total abdominal hysterectomy 20 years back. During general and physical examination of the patient, she was conscious and cooperative and her BP was 180/90 mmHg, pulse rate was 76 bpm and temperature was afebrile.

Laboratory investigation reports on the first day were as follows: Hb level (10.3 g/dl%) and PCV level (32.4%) was decreased, Total WBC count was normal, MCV (65.0 fl) and MCH (20.6 pg) was decreased. MRI reports states that a well-defined lobulated lesion measuring (3.5 × 3.2 × 3.6 cm) in the posterior lateral aspect of the middle third of forearm with extent and possibility of soft tissue sarcoma. The biopsy report shows that few stratified muscle bundles and linear cores of myxomatous tissue line in between the muscle bundles. Thus, these features suggest of Intramuscular myxoma.

Based on the above subjective and objective evidence the patient was diagnosed as Intramuscular myxoma. Initially in pre operative stage the patient was treated with Tab. Zincovit OD, Tab. Glipizide 5mg OD, Tab. Metformin 500mg OD, Tab. Amlodipine 5mg OD, Tab. Atenolol 50mg followed by the surgical procedure (Tumour Excision). In post operative stage the patient was treated with Tab. Zincovit OD, Tab. Telma 40mg, Tab. Cilnidipine 10mg BID, Tab. Glipizide 5mg OD + Metformin 500mg OD; along with



monitoring of vitals and GRBS (General Random Blood Sugar).

Discussion

Intramuscular myxoma is a relatively benign lesion affecting the musculoskeletal system which is different from sarcomas, metastasis and other benign intramuscular tumours. They are known to originate from primitive mesenchymal cells which lose their capacity to produce collagen, but produce excess hyaluronic acid and immature collagen fibres. The lack of specific symptoms and widely used laboratory test makes the diagnosis quite difficult. On ultrasound, the intramuscular myxoma appears as a hypo echoic lesion with well-defined margin. In our case report, a well-defined lobulated lesion in the posterior lateral aspect of the middle third of forearm was found for which surgical excision was done and followed by antibiotic therapy for one week [3,4].

Conclusion

Intramuscular myxoma is a rare benign soft tissue tumour. In this case report, local reoccurrence has not been reported after resection. We treated the patient with surgical excision and that seems to be the most effective treatment. After surgical excision if reoccurrence occurs histopathologic diagnosis should be reviewed. The tumor may be low grade myxoid neoplasm and treatment plan may be changed. An elderly patient presenting with a solitary soft tissue tumour should be thoroughly investigated to rule out the soft tissue sarcomatous conditions, which in many ways mimic the intramuscular myxoma. The above case report highlights these facts.

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Conflict of interest

Nil

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