Practical Radiology: Pediatric Soft Tissue Lesions

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Financial Disclosures

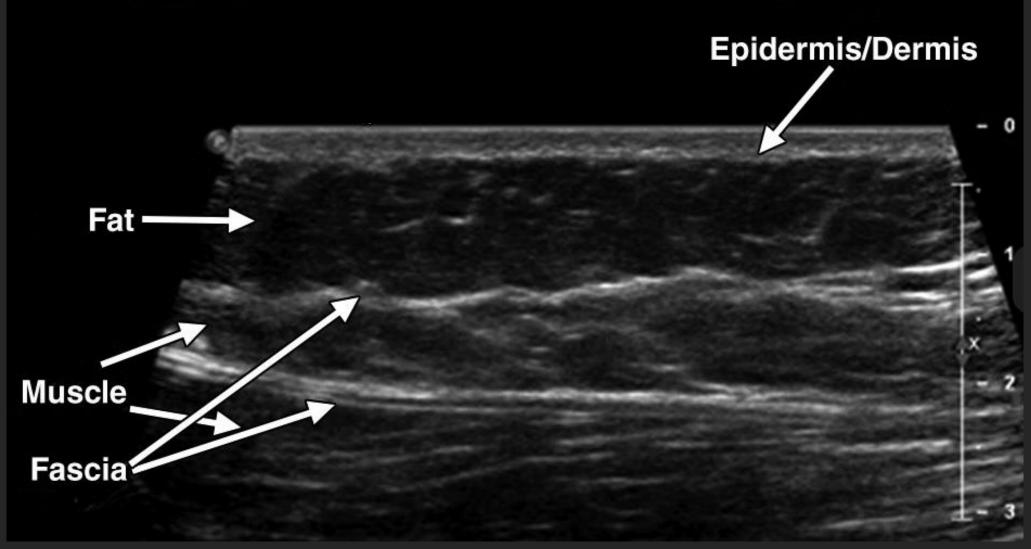
• I do not have any relationships to report with ACCME defined ineligible companies.

Objectives

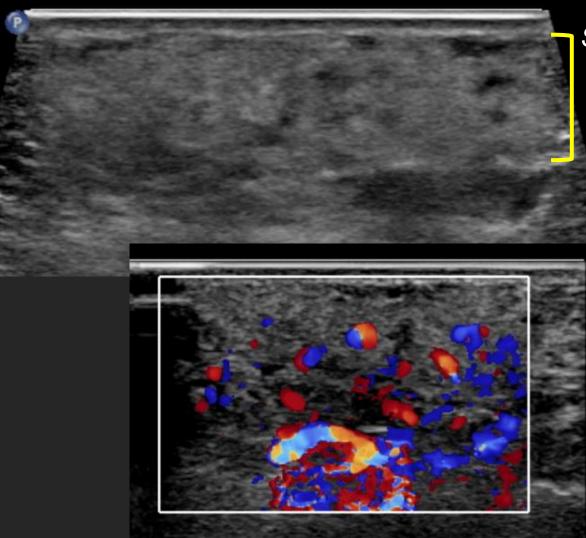
After this presentation, the participant will be able to:

- 1. Localize lesions by tissue plane
- 2. Describe soft tissue lesions in children by ultrasound
- 3. Recognize features of malignancy

Skin & Soft Tissue Anatomy



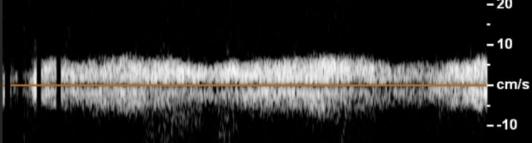
Carra BJ, et al. Am J Roentgenol, 2014



Subcutaneous fat layer

Ovoid, echogenic, heterogenous ill-defined

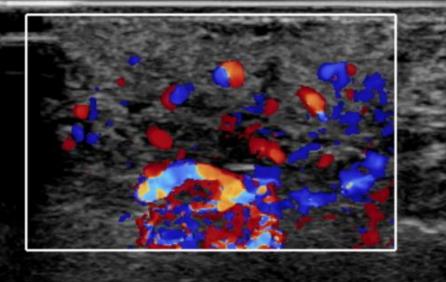




4-week old w/ new lump on chin

Infantile Hemangioma





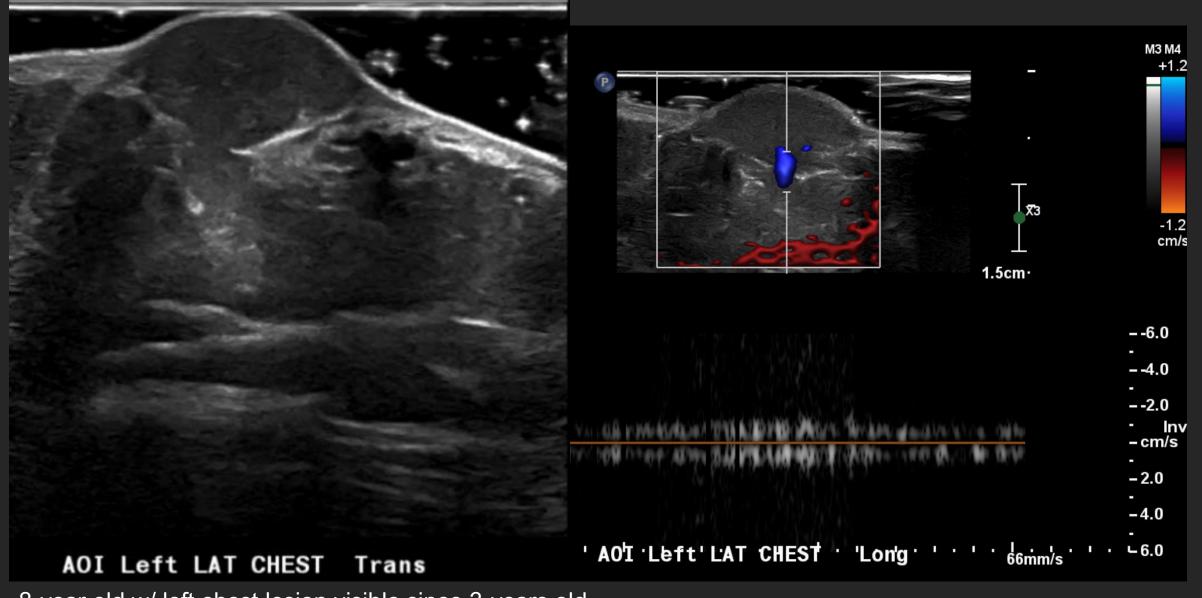
- Benign vascular tumor
 - Appears first weeks months of life, grows rapidly
 - Involutes over years
 - Fibro-fatty remnant
- Skin markings absent in deep hemangioma
- GLUT-1 marker
- Beta blockers for large lesions

4-week old w/ new lump on chin

Pediatric Hemangiomas

Туре	Appears	Resolves	Marker	Treatment
Infantile	Weeks to months post-natal	Years	GLUT-1	Beta-blocker
Congenital				
Rapidly involuting	Pre-natal	3 – 12 months	N/A	None
Non- involuting	Pre-natal	N/A	N/A	Resection if needed

Merrow AC, et al. Radiographics, 2016.



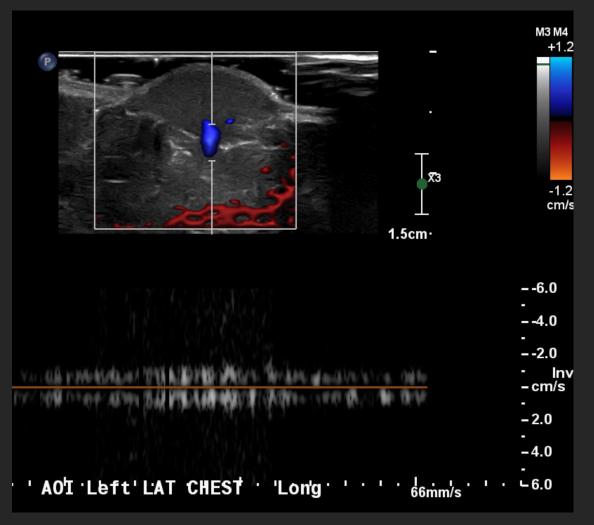
8-year old w/ left chest lesion visible since 3-years old



8-year old w/ left chest lesion visible since 3-years old

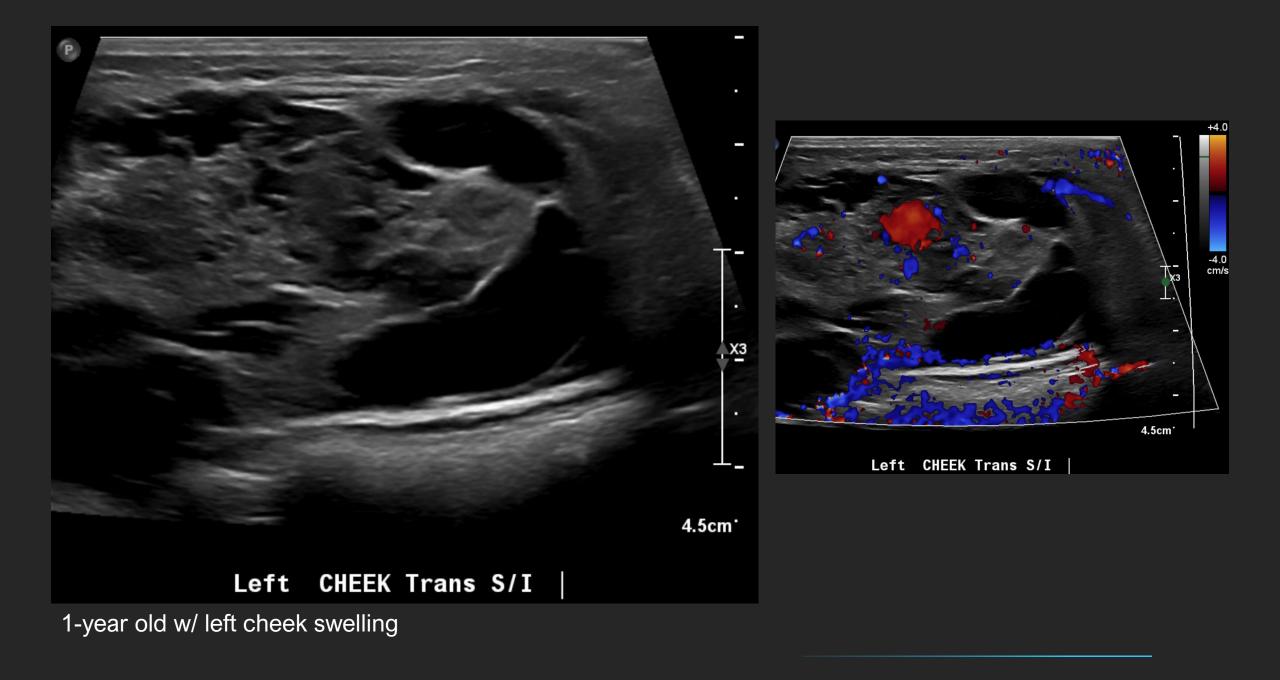


Venous Malformation



8-year old w/ left chest lesion visible since 3-years old

- May grow from intralesional hemorrhage
- Larger lesions may contain channels, varices, and phleboliths
- Multiple lesions suggest blue rubber bleb nevus syndrome



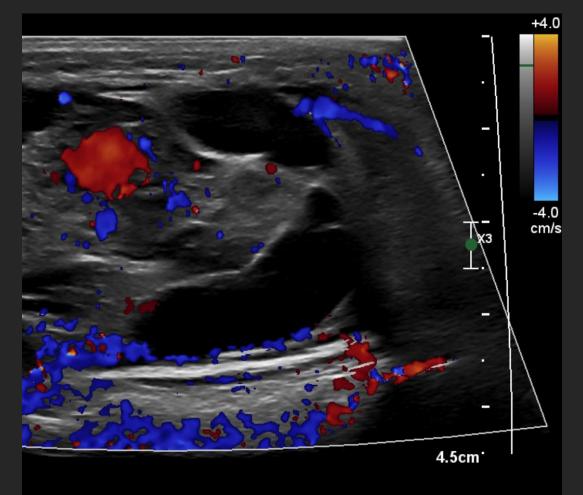


DIXON-contrast enhanced

STIR

1-year old w/ left cheek swelling

Lymphatic Malformation



LeftCHEEK Trans S/I1-year old w/ left cheek swelling

- May appear cystic, microcystic, or serpiginous
- Face/neck most common location
- Genetic markers exist
- Treatment:
 - Sclerotherapy
 - Embolic
 - Medical \rightarrow sirolimus
 - Surgical

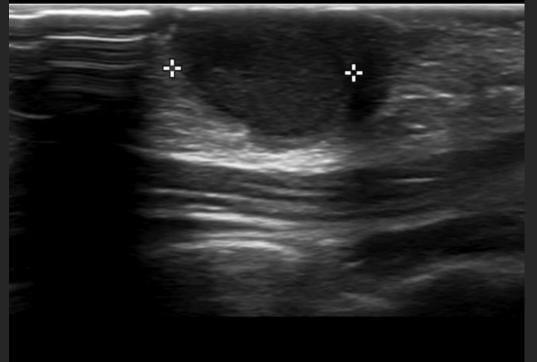


5-year old w/ left neck swelling

Lymphatic Malformation (Treated)

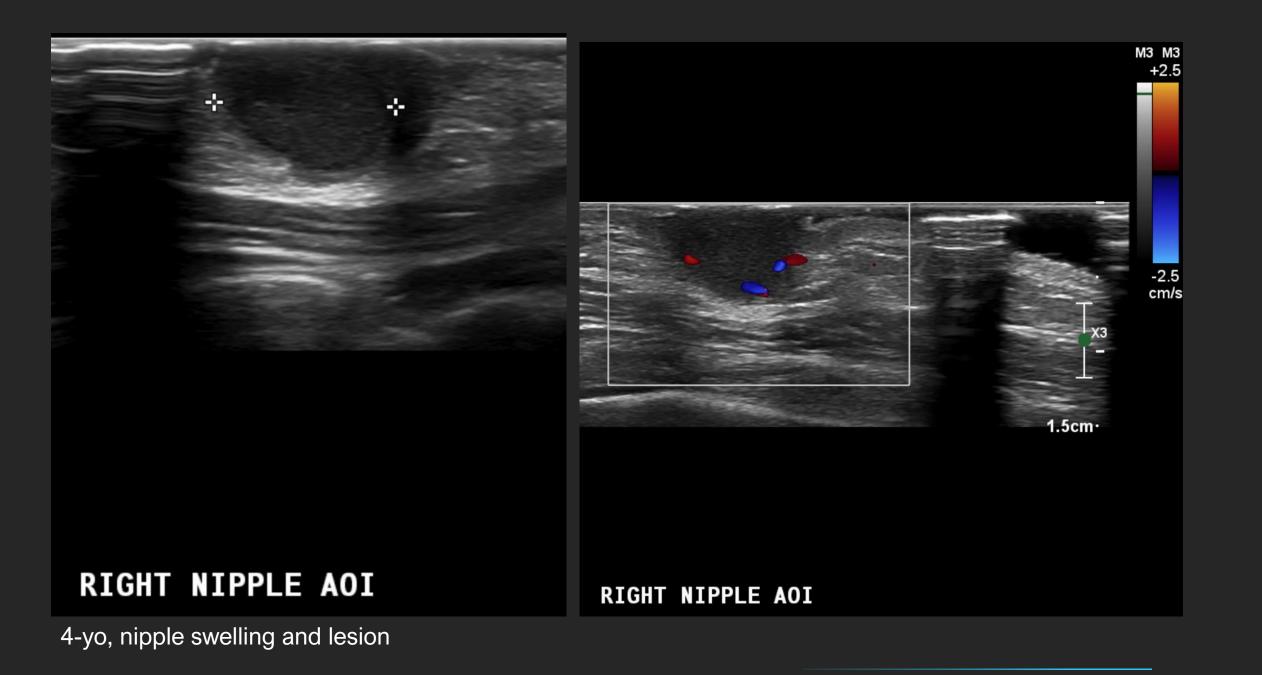
	Sclerosing agents			
	Ethanol	VM	- Adverse effects include intoxication, pain, cardiovascular collapse	
	3% STS	VM, LM	 Less adverse effects than ethanol Possible higher recanalization rate 	
	Bleomycin	VM, LM	 Dose-dependent pulmonary toxicity Can be given intravascularly or interstitially 	
	Doxycycline	LM	 Can be painful to the patient Can administer large doses 	
	Polidocanol	VM	- Relatively painless	
AREA OF INTEREST MARKED	3.0cm-		Raja J, et al. Semin Interv Radiol, 2024.	
LT INFRACLAVICULAR AREA TRV S-I				

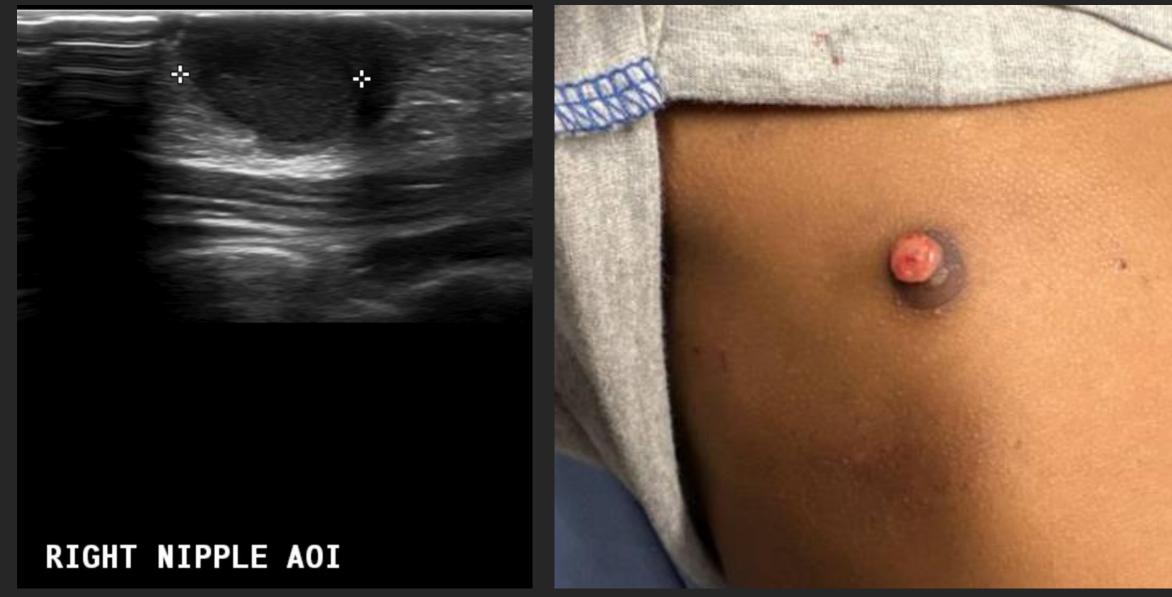
5-year old w/ left neck swelling, history treated venolymphatic malformation

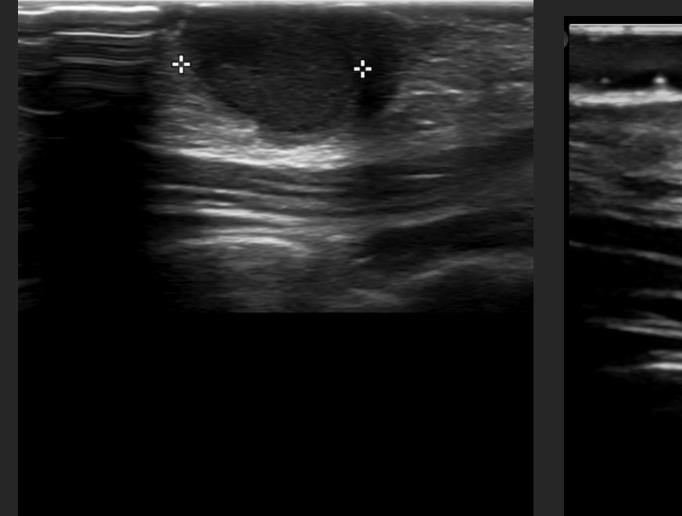




RIGHT NIPPLE AOI



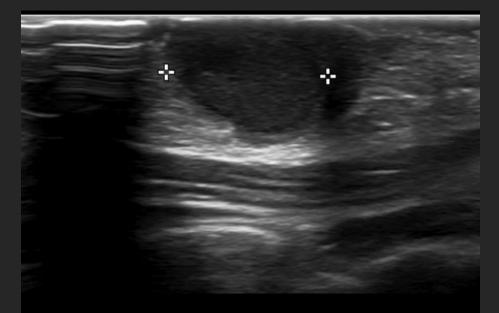




X5 2.0cm -Right NIPPLE AOI SAG

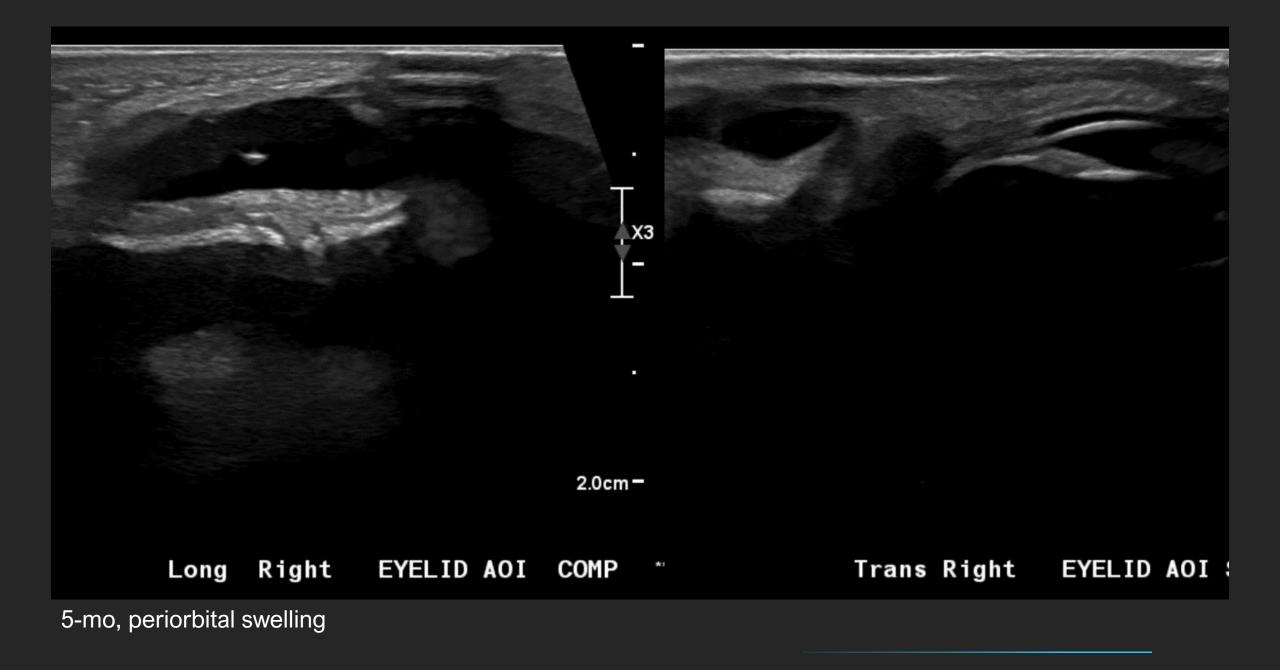
RIGHT NIPPLE AOI

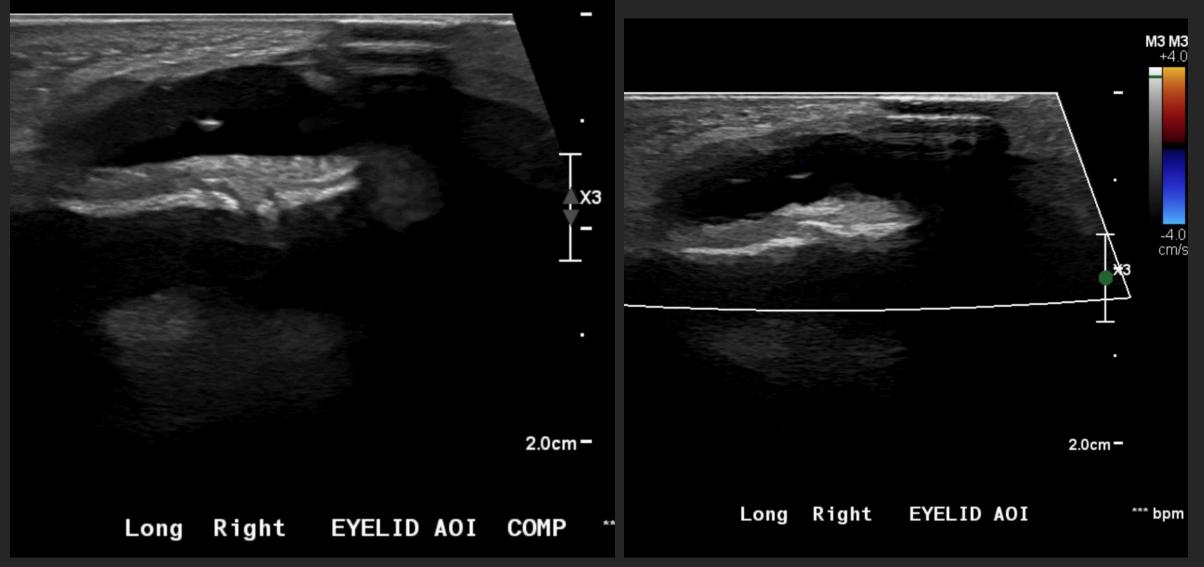
Pyogenic Granuloma



RIGHT NIPPLE AOI

- Also called "lobular capillary hemangioma"
- Highly vascular, may ulcerate and bleed
- Acquired vascular lesion following inflammation or trauma





5-mo, periorbital swelling



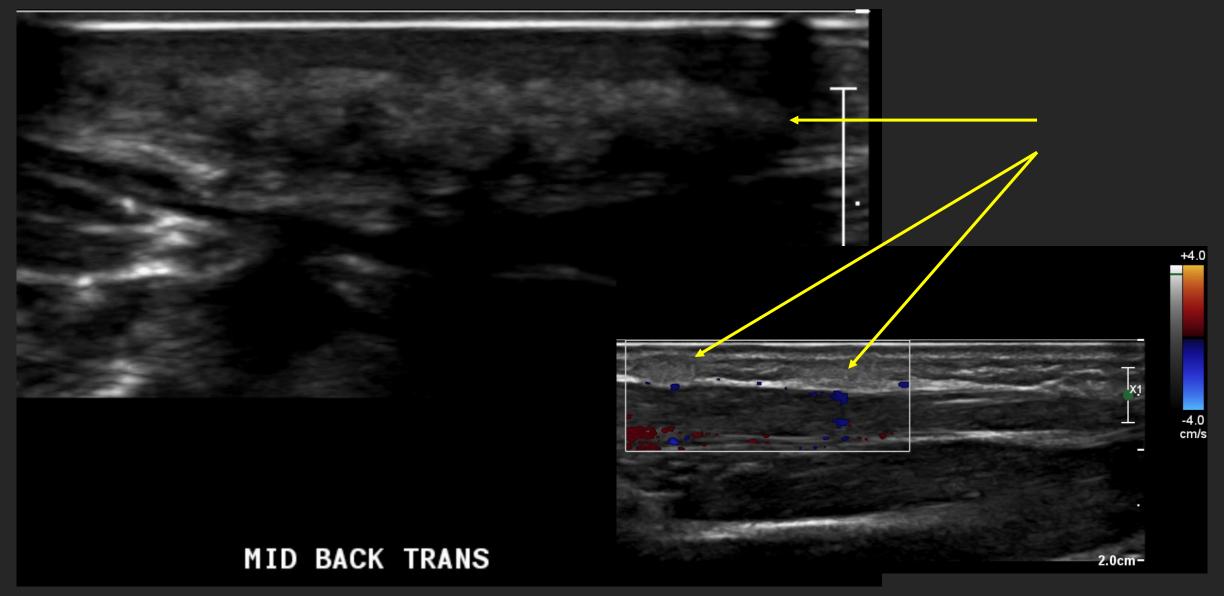


5-mo, periorbital swelling

Dermoid Cyst

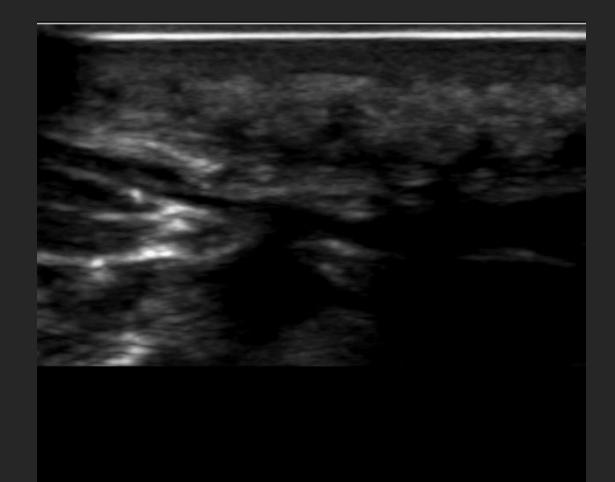


- Congenital lesion remnants ectoderm, dermal appendages
- Frequent eyebrow, scalp, neck (midline)
- Resection



5-week old w/ palpable lumps on back

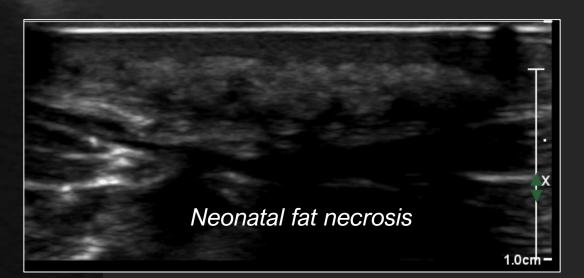
Neonatal Fat Necrosis



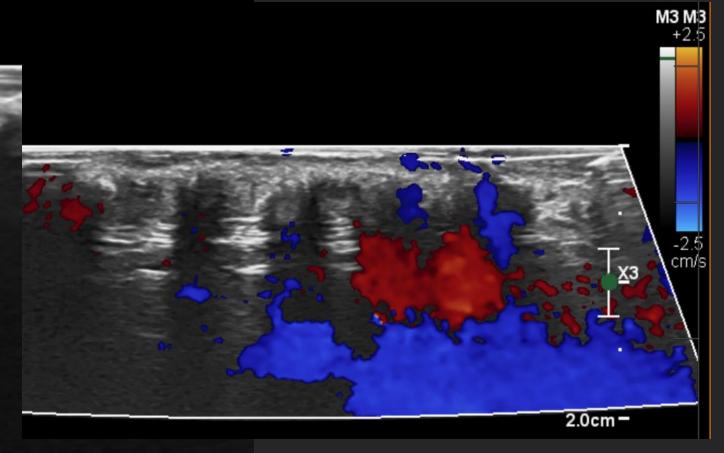
MID BACK TRANS

5-week old w/ palpable lumps on back

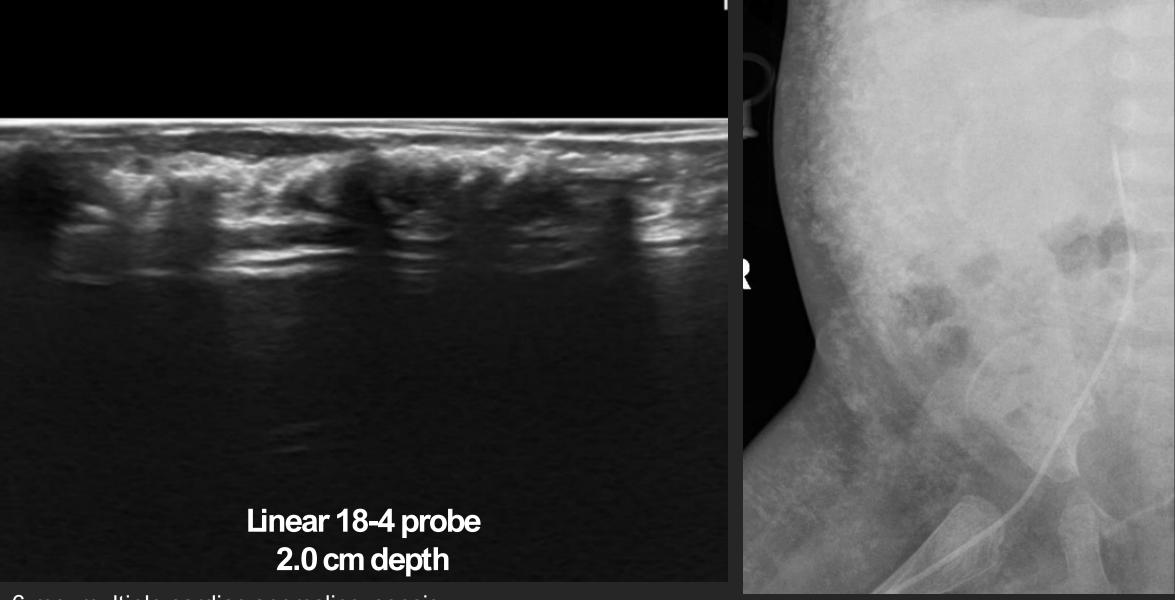
- Term infants
 - Appears first few days of life
 - Upper back, cheeks, buttocks, limbs
- Self-limited, disappears by 6 months
- Associated with hypercalcemia
 - Risk factors include gestational diabetes, maternal hypertension, neonatal asphyxia



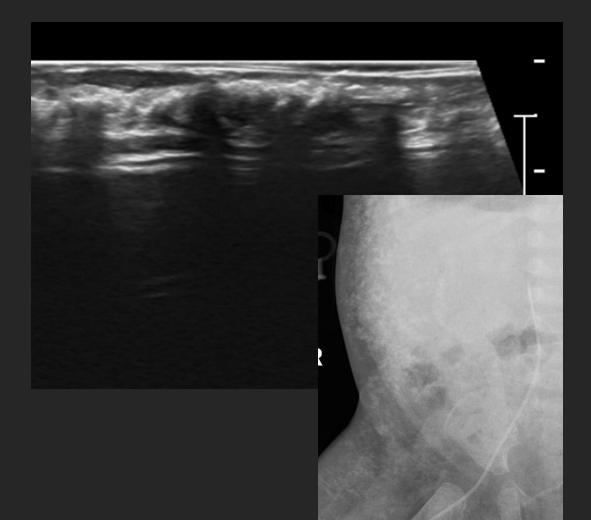
Linear 18-4 probe 2.0 cm depth



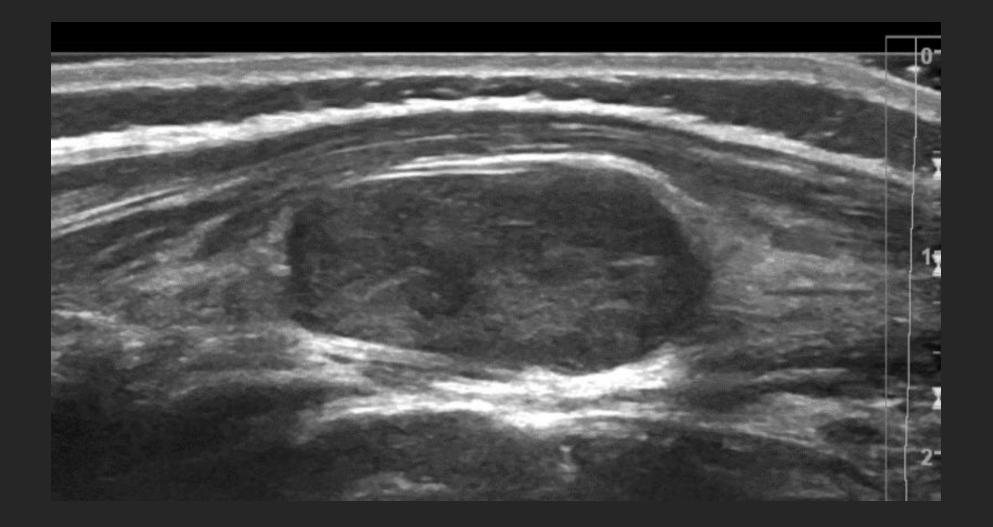
Linear 18-4 probe 2.0 cm depth

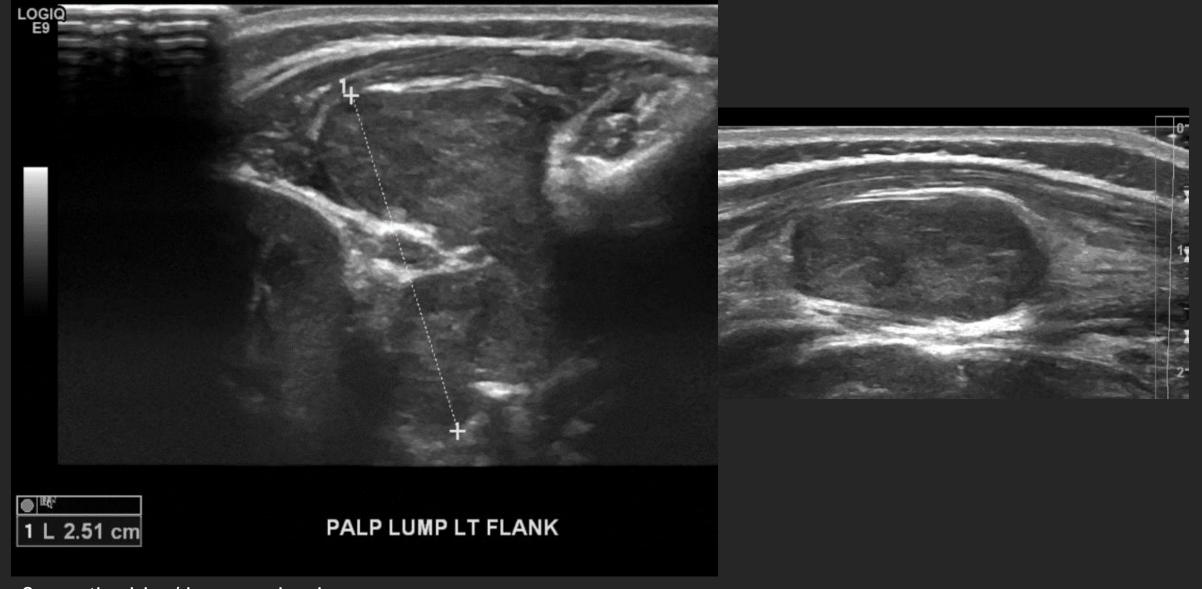


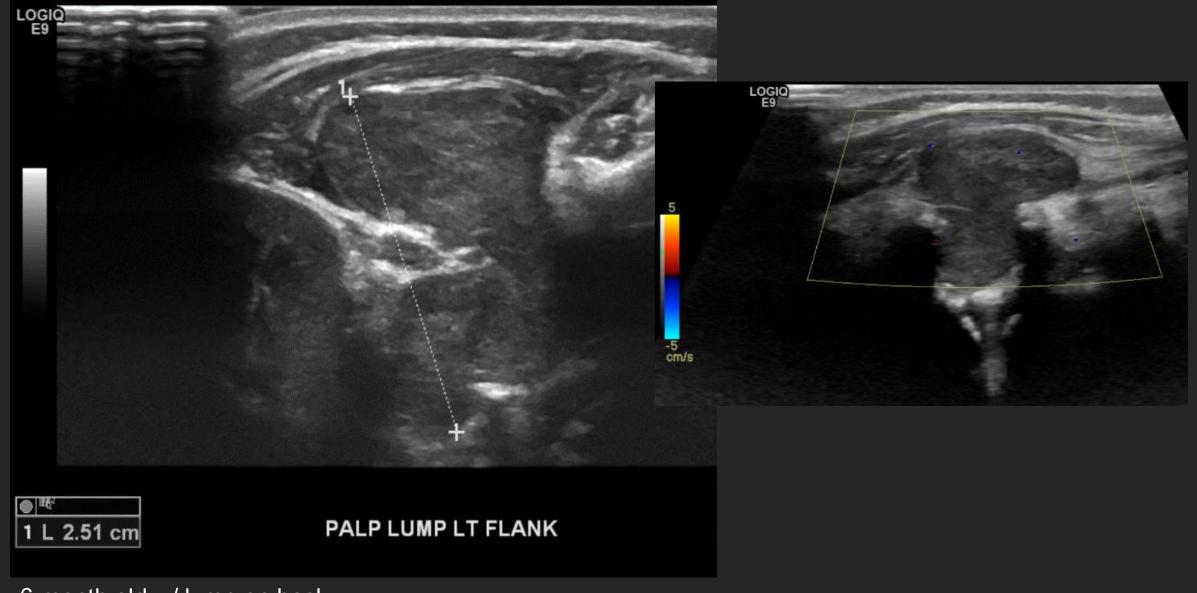
Calcinosis cutis

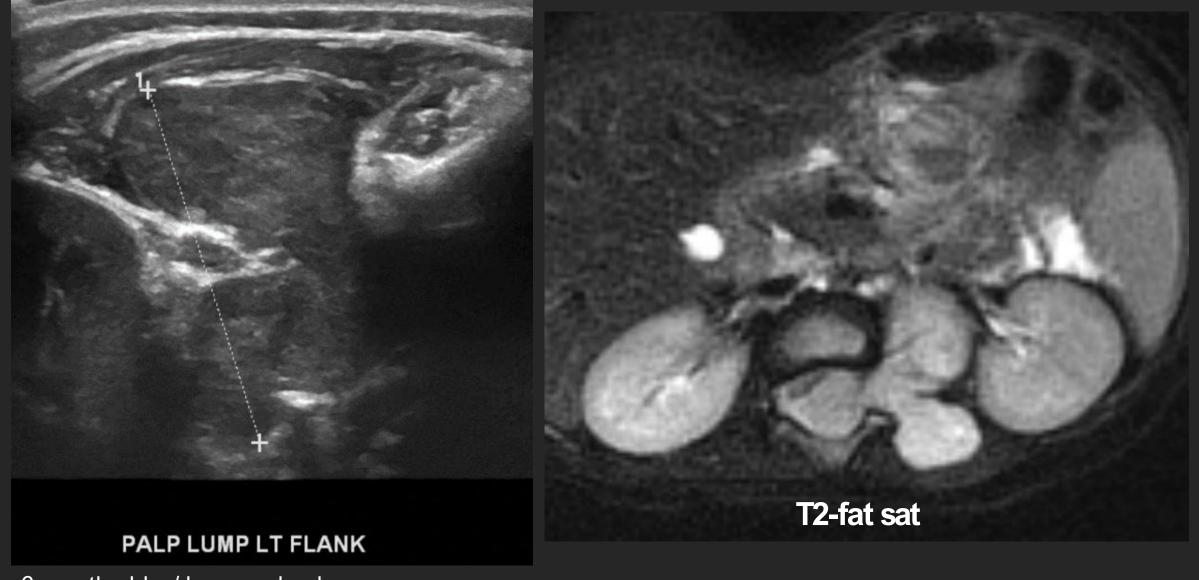


- Dystrophic
 - Normal Ca++ & phosphate
 - Tissue damage
- Metastatic
 - High Ca++ & phosphate
 - Renal failure, systemic diseases
- Idiopathic
 - Normal Ca++ & phosphate
 - Familial
- latrogenic
 - Administered Ca++ & phosphate

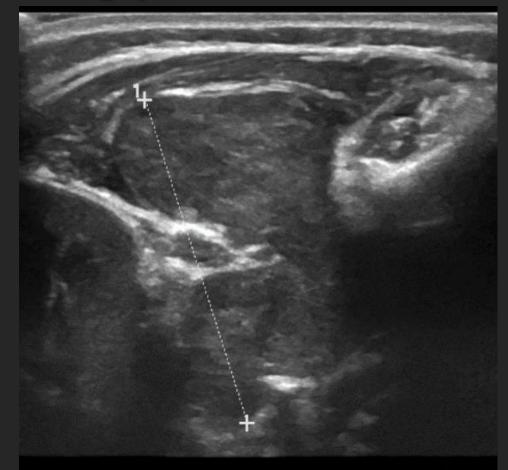






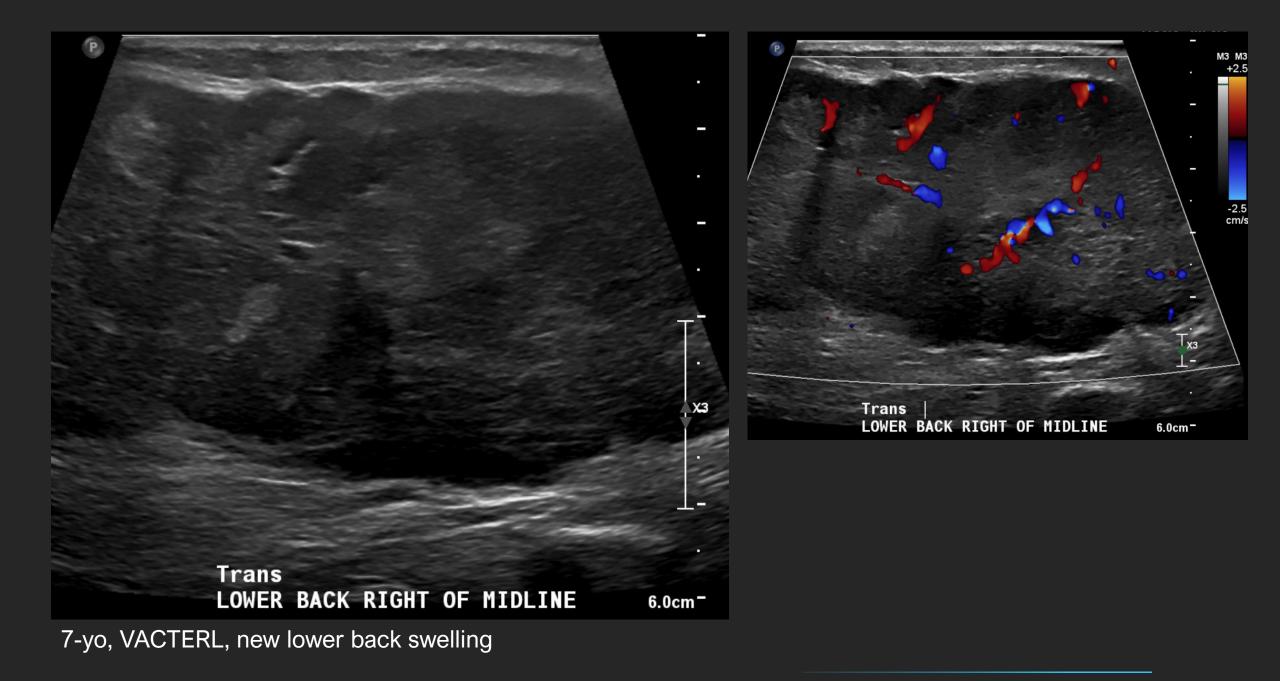


Atypical Teratoid/Rhabdoid Tumor



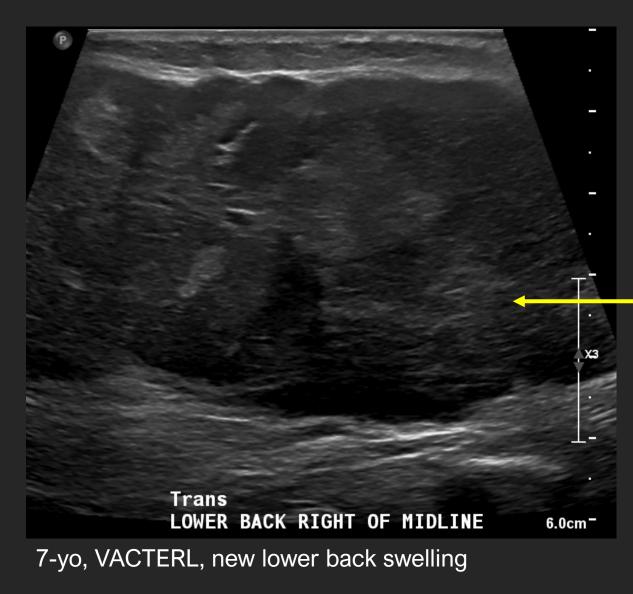
PALP LUMP LT FLANK

- "ATRT", rare CNS tumor
 - Most < 3-years old
 - Cervico-thoracic most common spine site
- WHO Classification embryonal grade IV neoplasm
 - 4-year survival 40-70%
- May associate with rhabdoid tumor predisposition syndrome type 1
 - ATRT, malignant rhabdoid tumor of kidney, extrarenal rhabdoid tumors

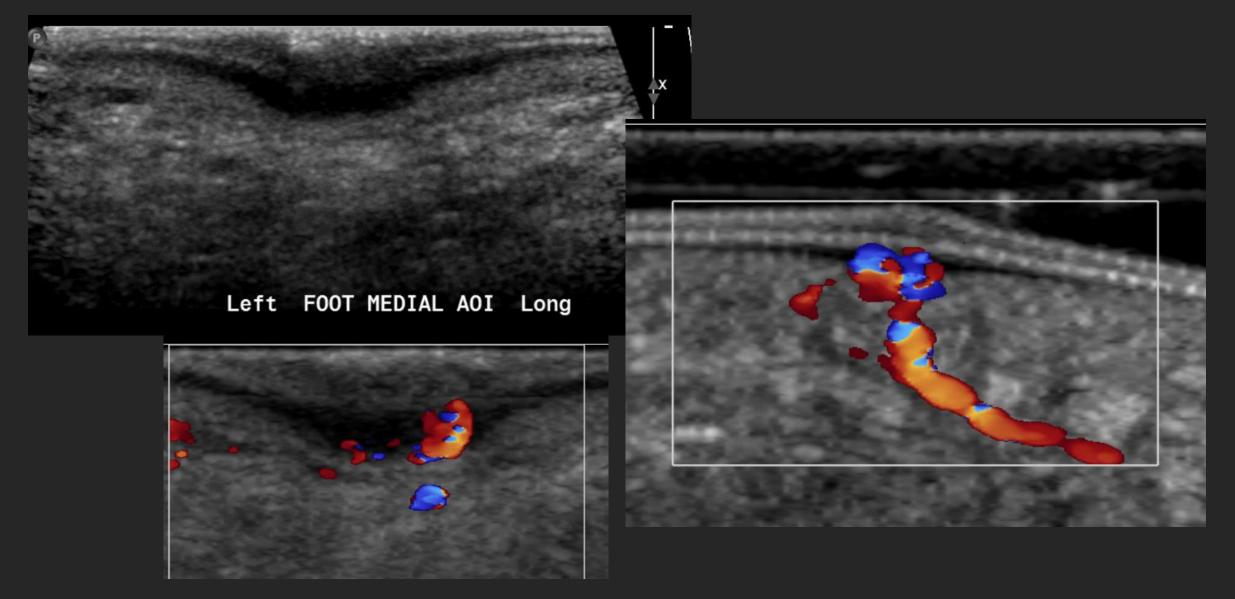




Childhood Soft Tissue Sarcoma

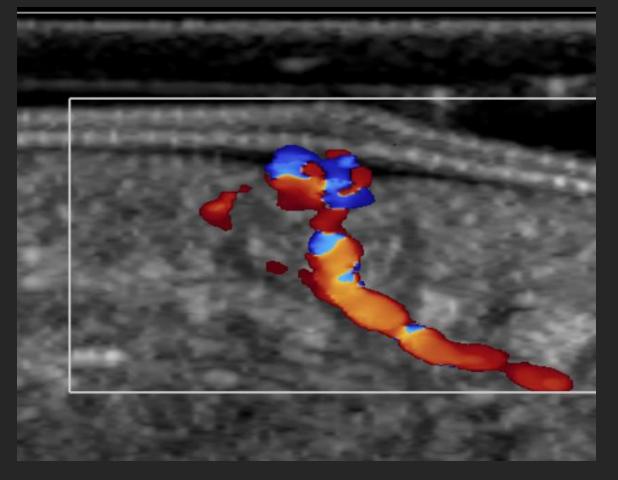


- Rhabdomyosarcoma
- Non-rhabdomyomatous sarcomas
 - 3.5% of childhood tumors
 - Associated chromosomal abnormalities
 - CIC-rearranged type
 - 5-year survival varies based on tumor type, other factors
 - Low risk, 96%
 - Intermediate risk, 80%
 - High risk, 35%



12-year old w/plantar foot bump

Plantar Wart



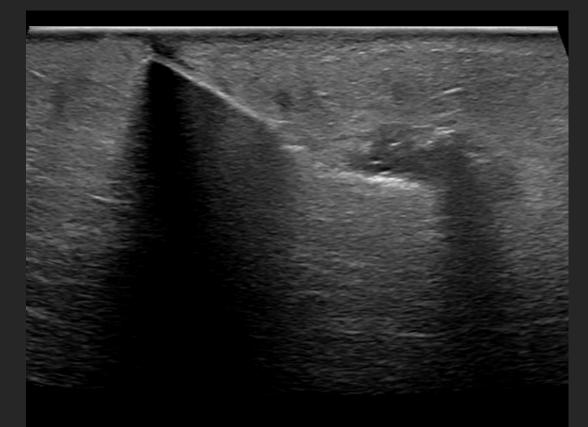
- Painful when walking
- Clinical history may be concern for foreign body
- Treatment with salicylic acid, freezing
- Human papillomavirus

12-year old w/plantar foot bump



10-yo, fell out of a tree

Retained wood (foreign body)



RIGHT INNER THIGH



10-yo, fell out of a tree

- All foreign bodies echogenic
- Typically shadowing
- Report depth from skin
- May see surrounding fluid

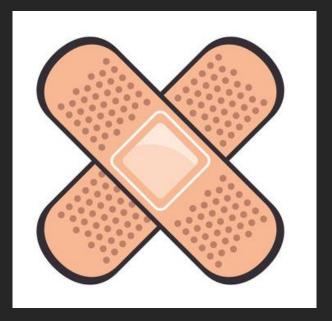


6-yo, splinter recently removed





- Water bath technique
- Avoid compression

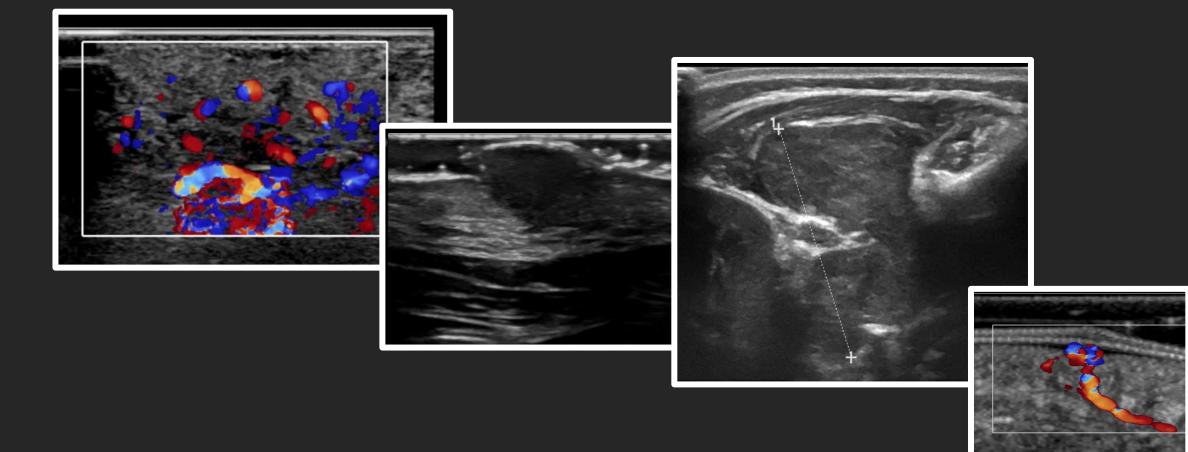


6-yo, splinter recently removed

Key Points

- Assess which layers of soft tissue are involved
- Technique:
 - Use spectral Doppler to assess vascularity
 - Use water bath if possible
 - Avoid compression of tissue
- Vascular lesions may enlarge with internal hemorrhage
- Neonatal fat necrosis is self-limited
- Beware solid lesions deep to subcutaneous fat layer

Pediatric Soft Tissue Lesions



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