# **Practical Radiology:** Pediatric Soft Tissue Lesions

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#### **Financial Disclosures**

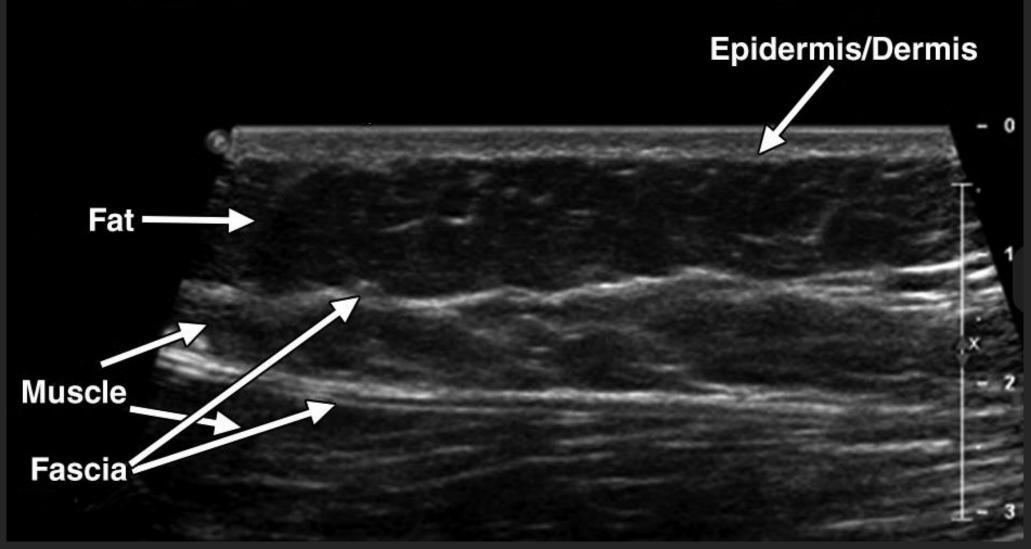
• I do not have any relationships to report with ACCME defined ineligible companies.

### **Objectives**

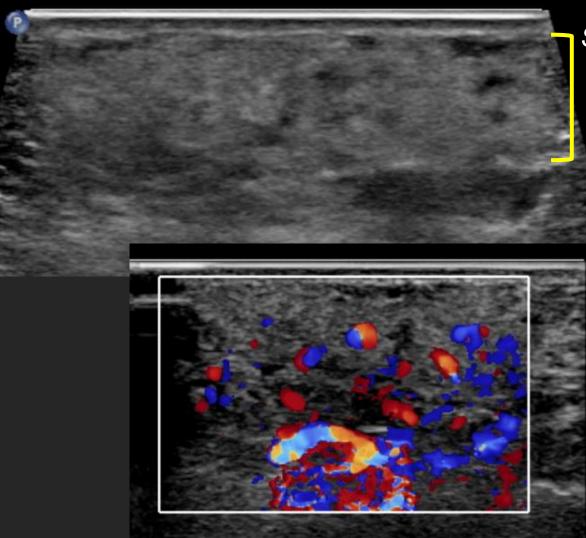
After this presentation, the participant will be able to:

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

#### **Skin & Soft Tissue Anatomy**



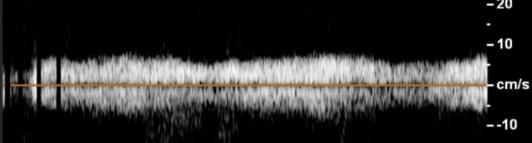
Carra BJ, et al. Am J Roentgenol, 2014



#### Subcutaneous fat layer

Ovoid, echogenic, heterogenous ill-defined

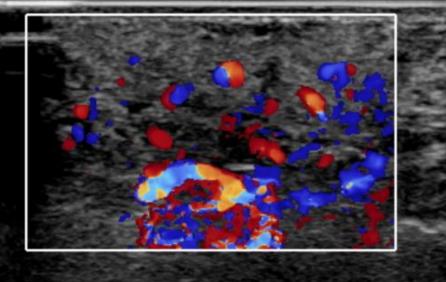




4-week old w/ new lump on chin

## Infantile Hemangioma





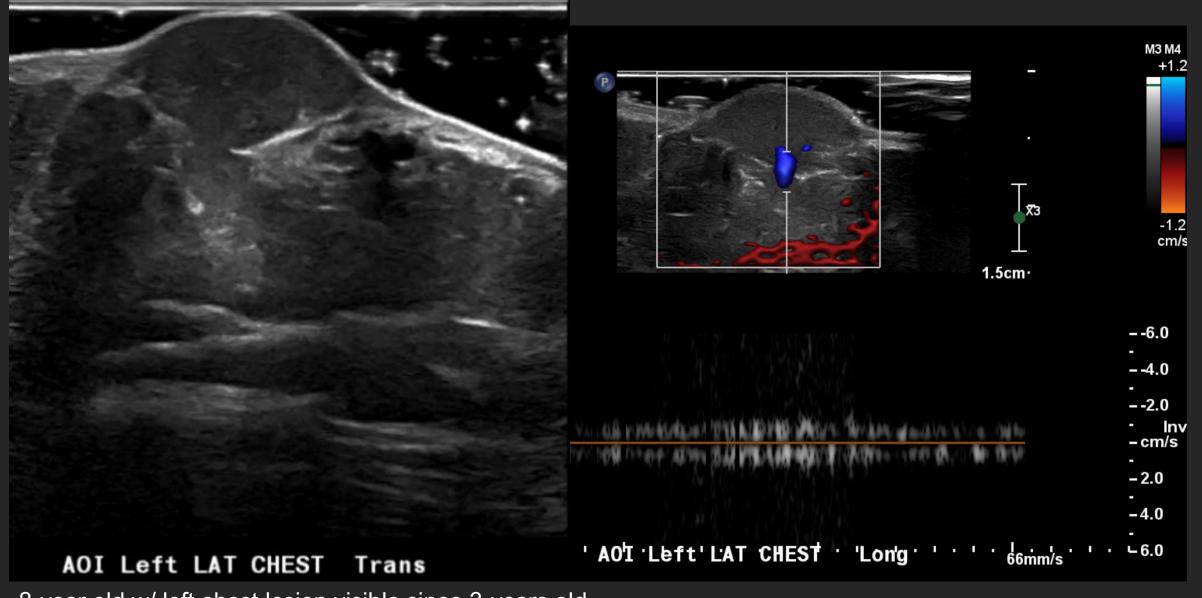
- Benign vascular tumor
  - Appears first weeks months of life, grows rapidly
  - Involutes over years
  - Fibro-fatty remnant
- Skin markings absent in deep hemangioma
- GLUT-1 marker
- Beta blockers for large lesions

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	<b>Pre-natal</b>	3 – 12 months	N/A	None
Non- involuting	<b>Pre-natal</b>	N/A	N/A	Resection if needed

Merrow AC, et al. Radiographics, 2016.



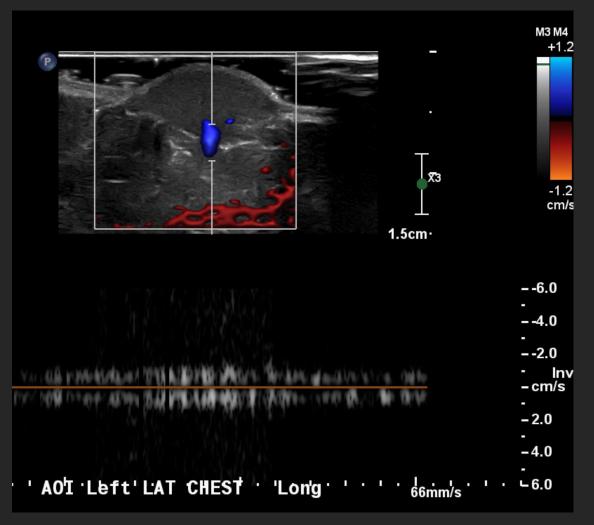
8-year old w/ left chest lesion visible since 3-years old



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

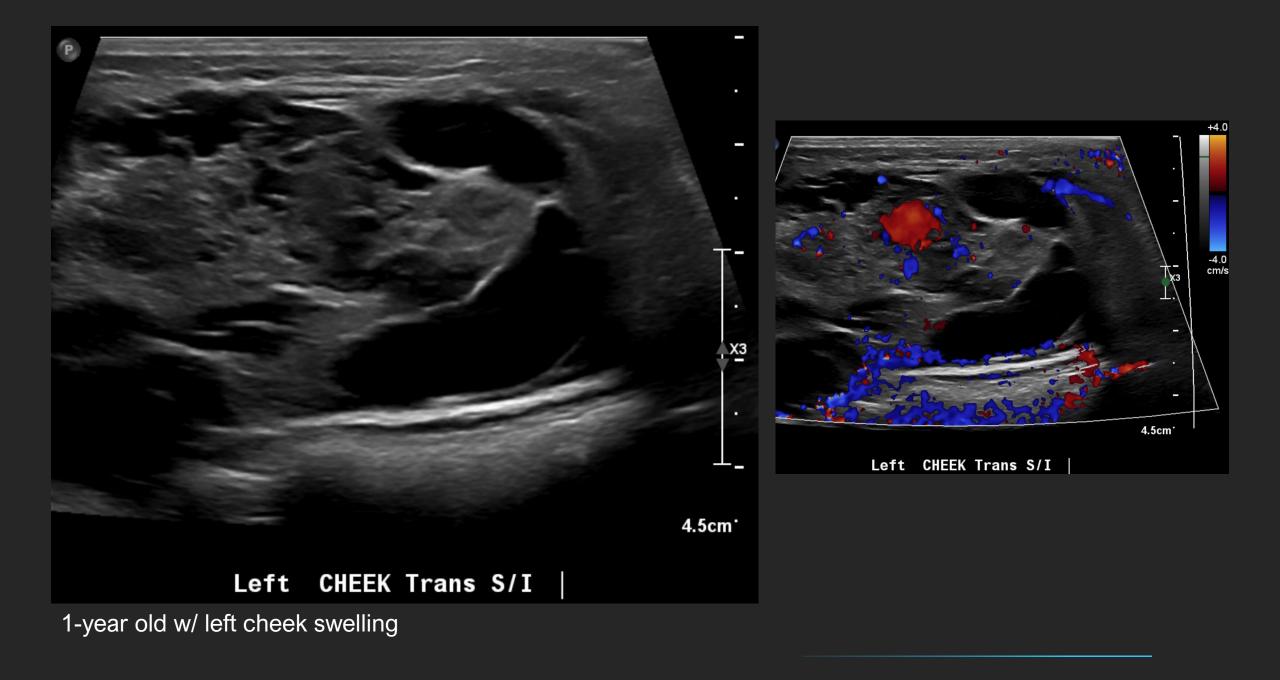


### **Venous Malformation**



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



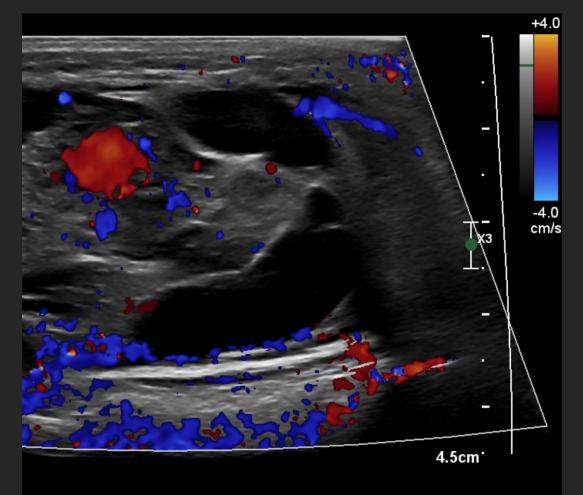


**DIXON-contrast enhanced** 

STIR

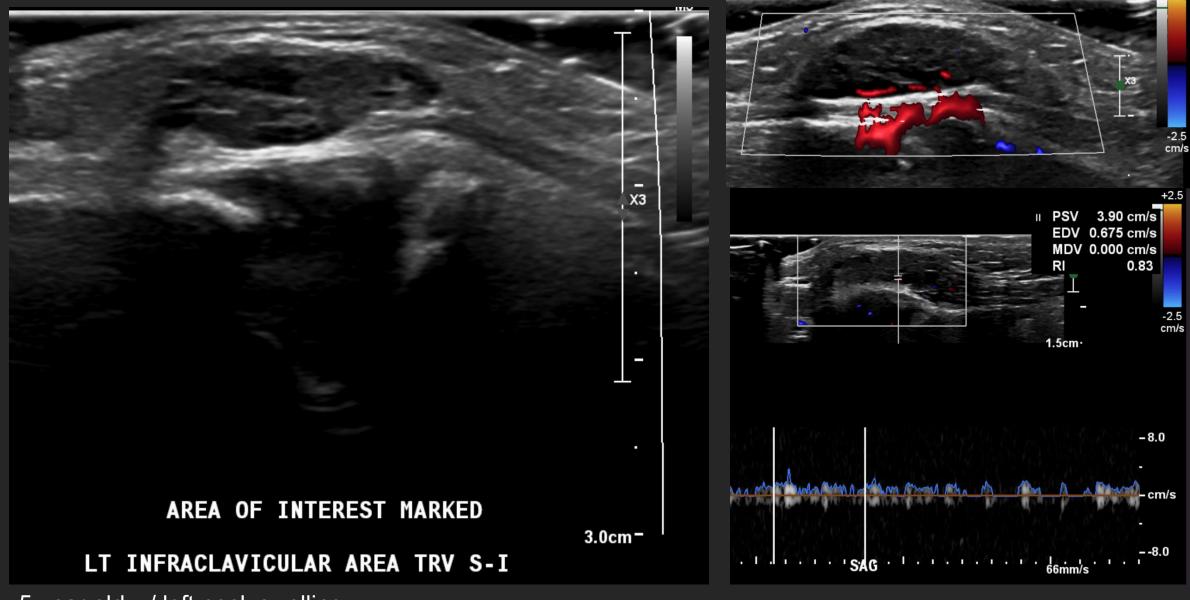
1-year old w/ left cheek swelling

# 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

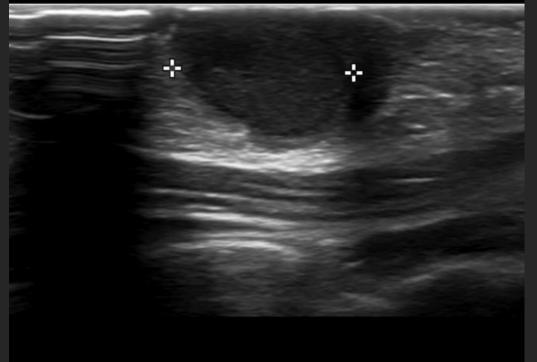


5-year old w/ left neck swelling

#### Lymphatic Malformation (Treated)

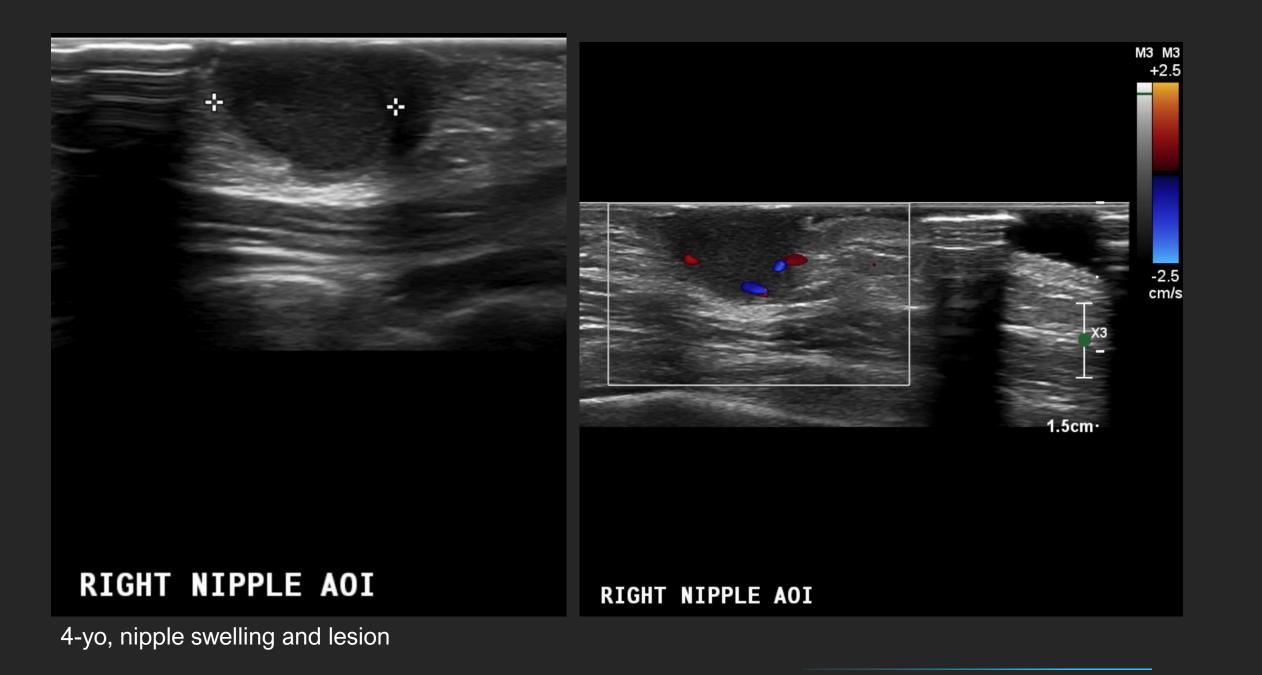
	Sclerosing agents			
	Ethanol	VM	- Adverse effects include intoxication, pain, cardiovascular collapse	
	3% STS	VM, LM	<ul> <li>Less adverse effects than ethanol</li> <li>Possible higher recanalization rate</li> </ul>	
	Bleomycin	VM, LM	<ul> <li>Dose-dependent pulmonary toxicity</li> <li>Can be given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

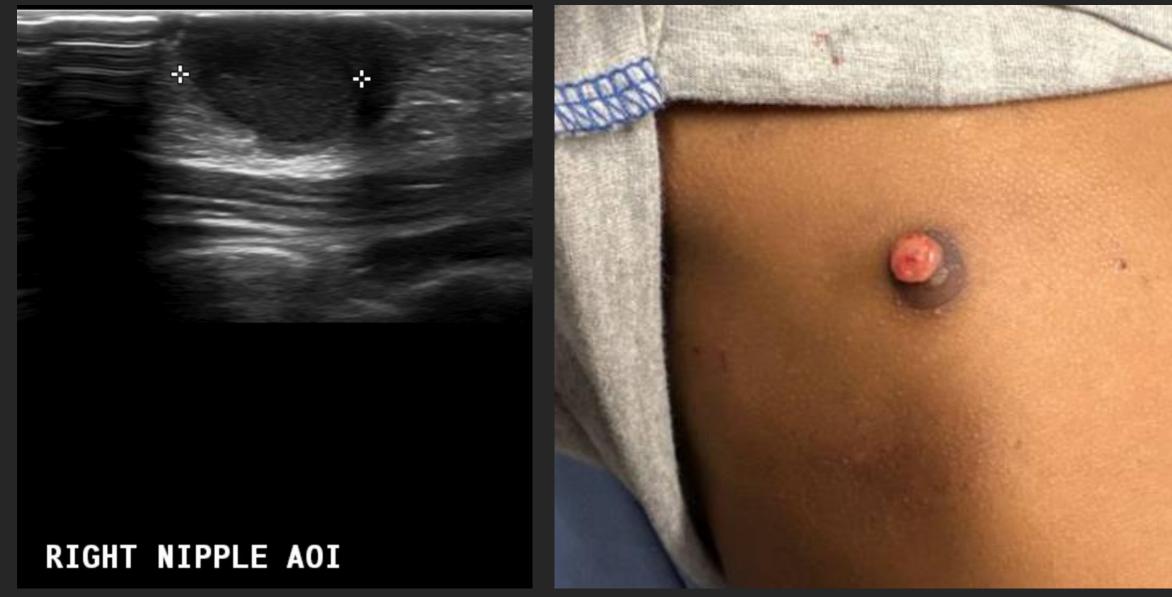
5-year old w/ left neck swelling, history treated venolymphatic malformation

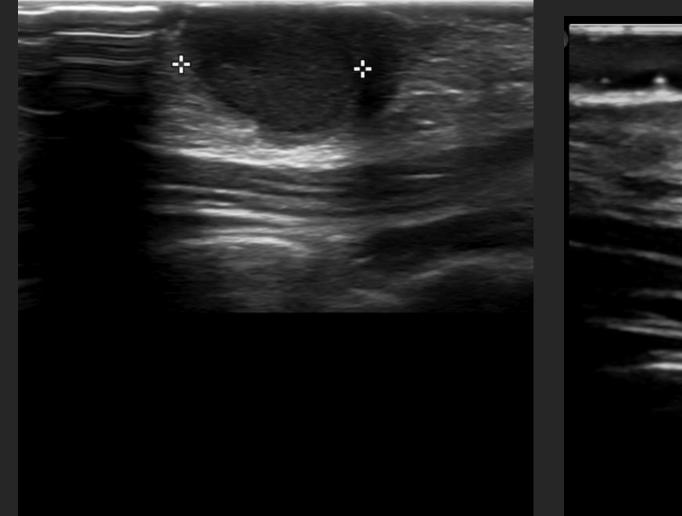




#### **RIGHT NIPPLE AOI**



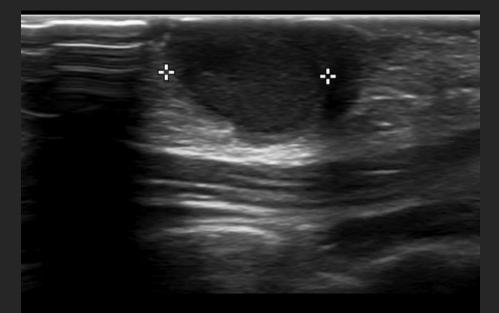




X5 2.0cm -Right NIPPLE AOI SAG

**RIGHT NIPPLE AOI** 

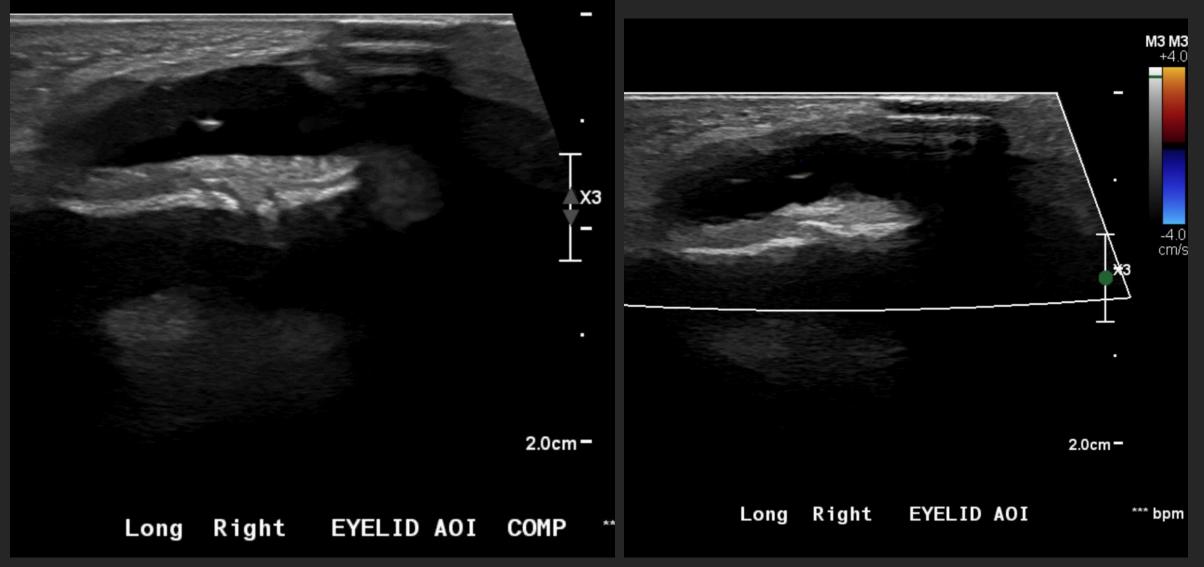
## **Pyogenic Granuloma**



#### **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



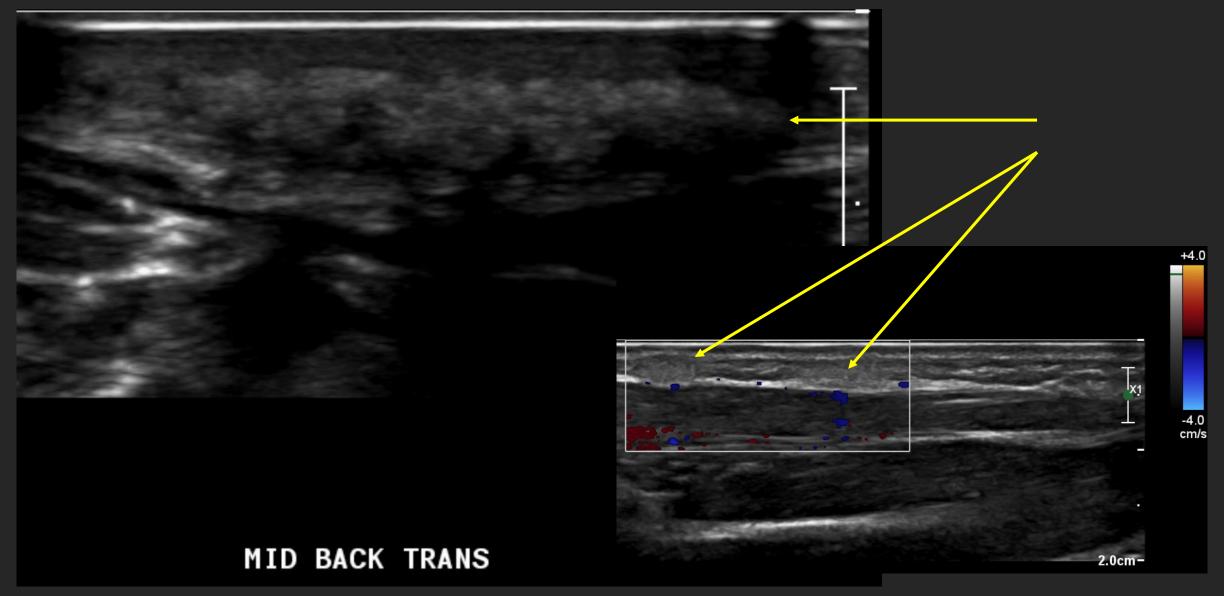


5-mo, periorbital swelling

#### **Dermoid Cyst**

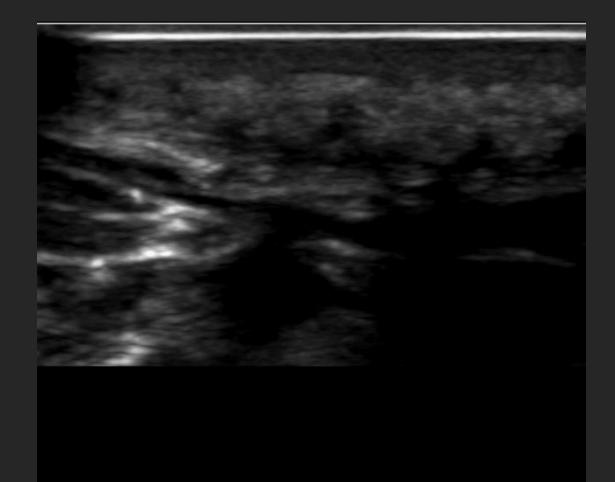


- Congenital lesion remnants ectoderm, dermal appendages
- Frequent eyebrow, scalp, neck (midline)
- Resection



5-week old w/ palpable lumps on back

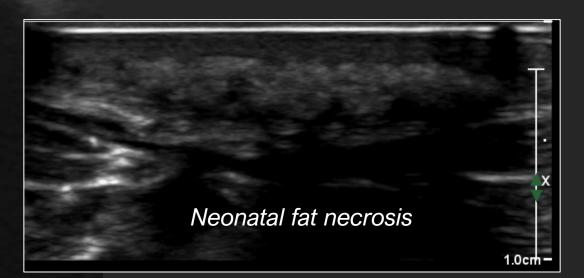
#### **Neonatal Fat Necrosis**



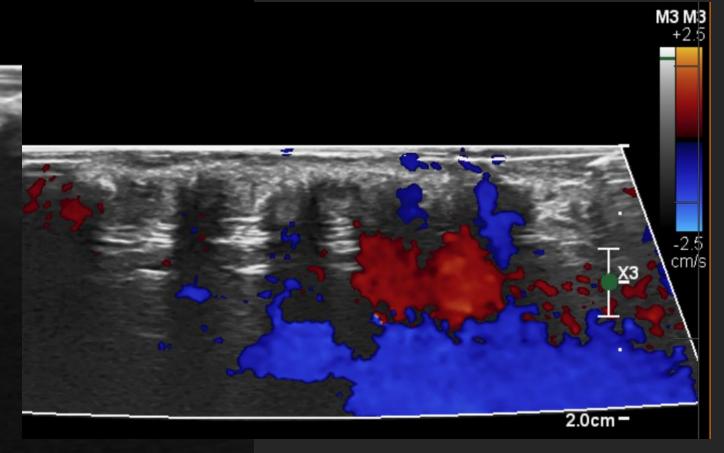
#### MID BACK TRANS

5-week old w/ palpable lumps on back

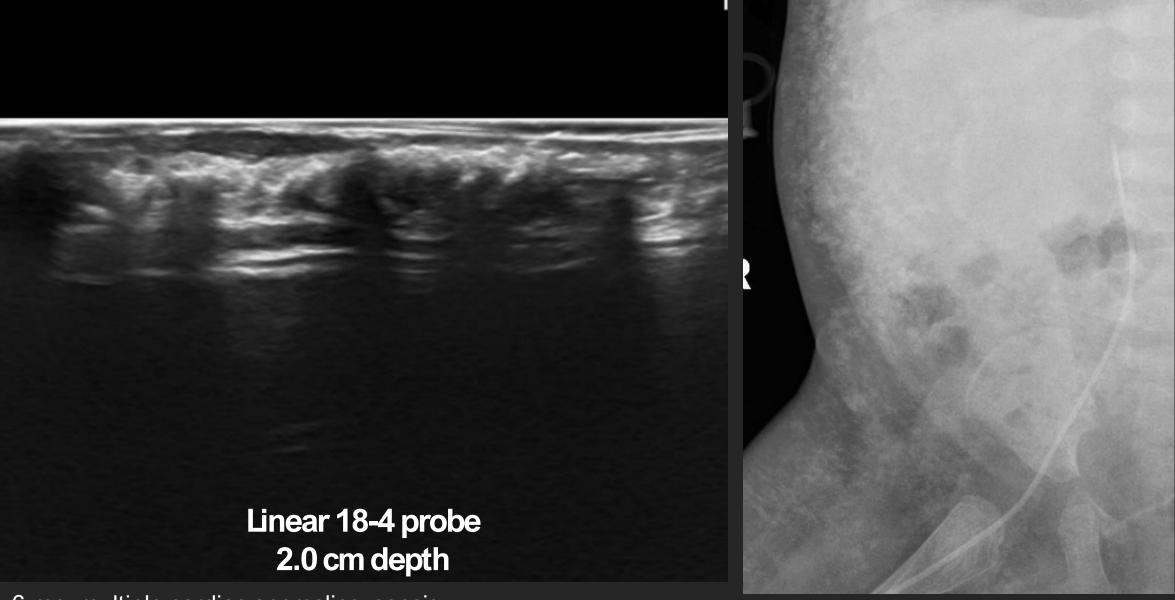
- Term infants
  - Appears first few days of life
  - Upper back, cheeks, buttocks, limbs
- Self-limited, disappears by 6 months
- Associated with hypercalcemia
  - Risk factors include gestational diabetes, maternal hypertension, neonatal asphyxia



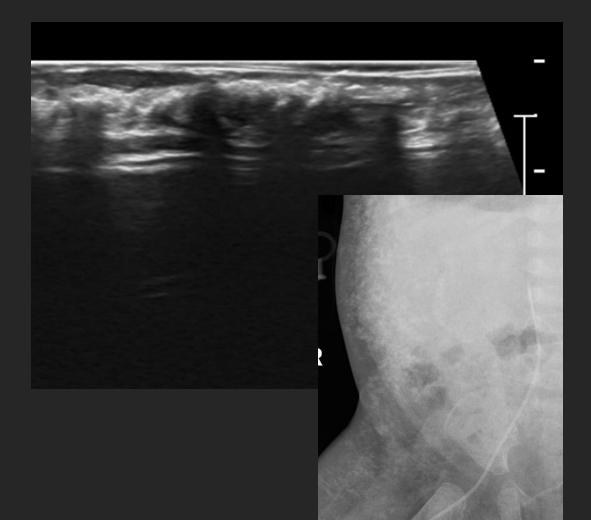
Linear 18-4 probe 2.0 cm depth



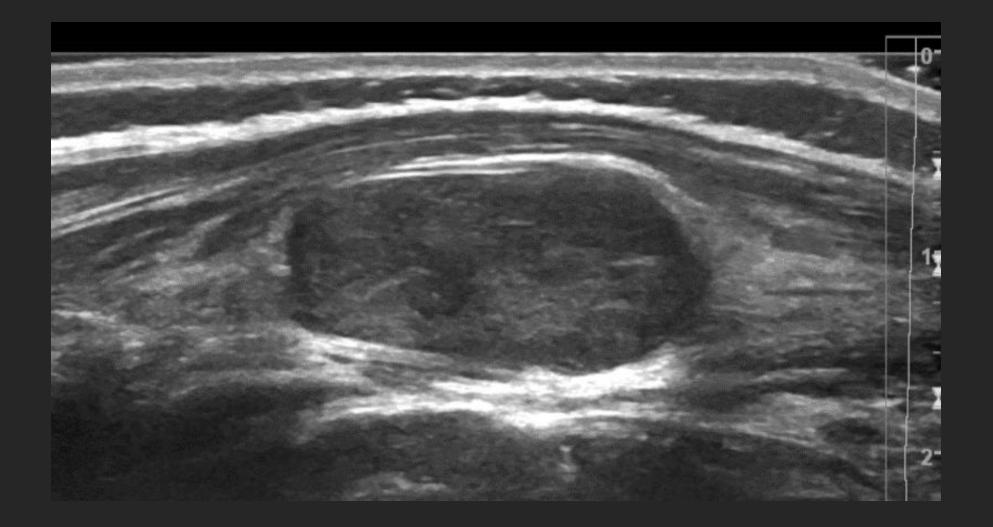
#### Linear 18-4 probe 2.0 cm depth

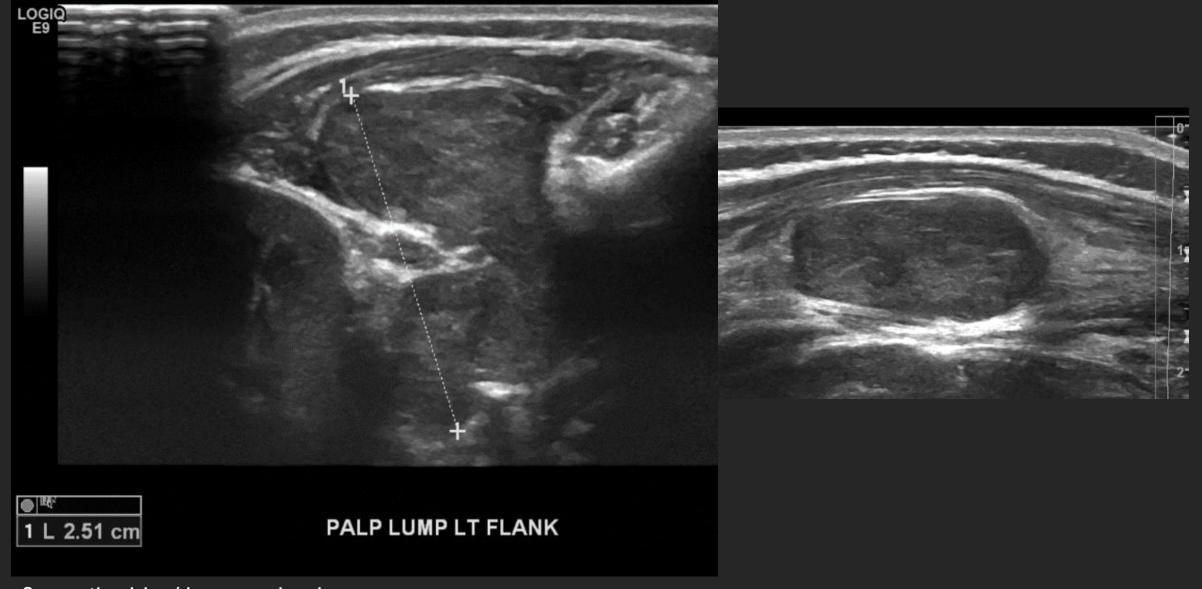


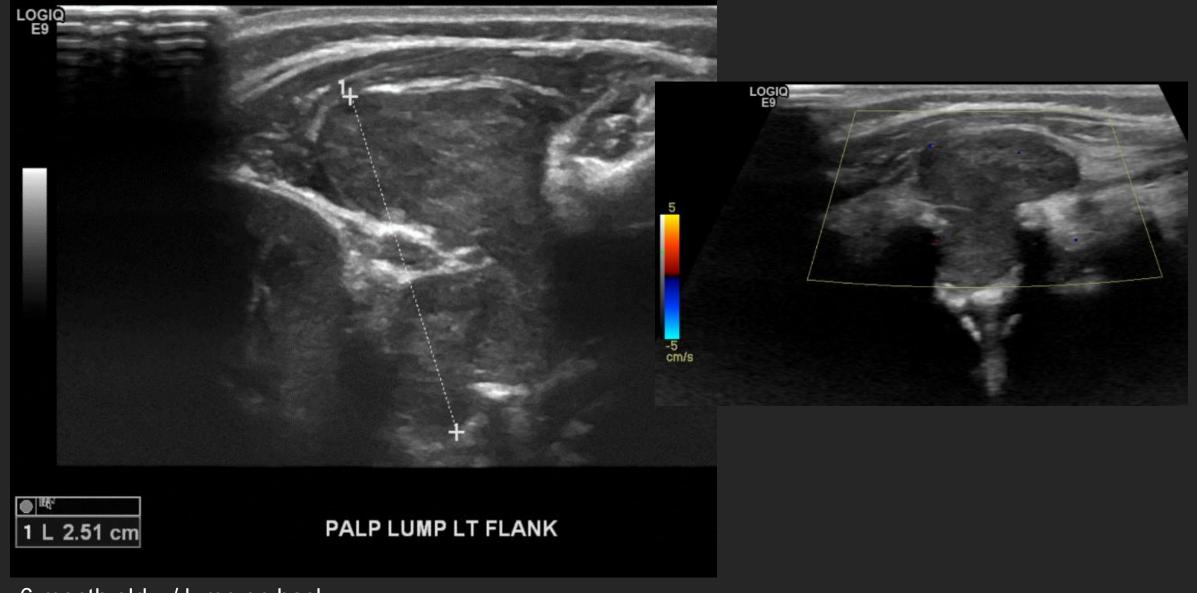
### **Calcinosis cutis**

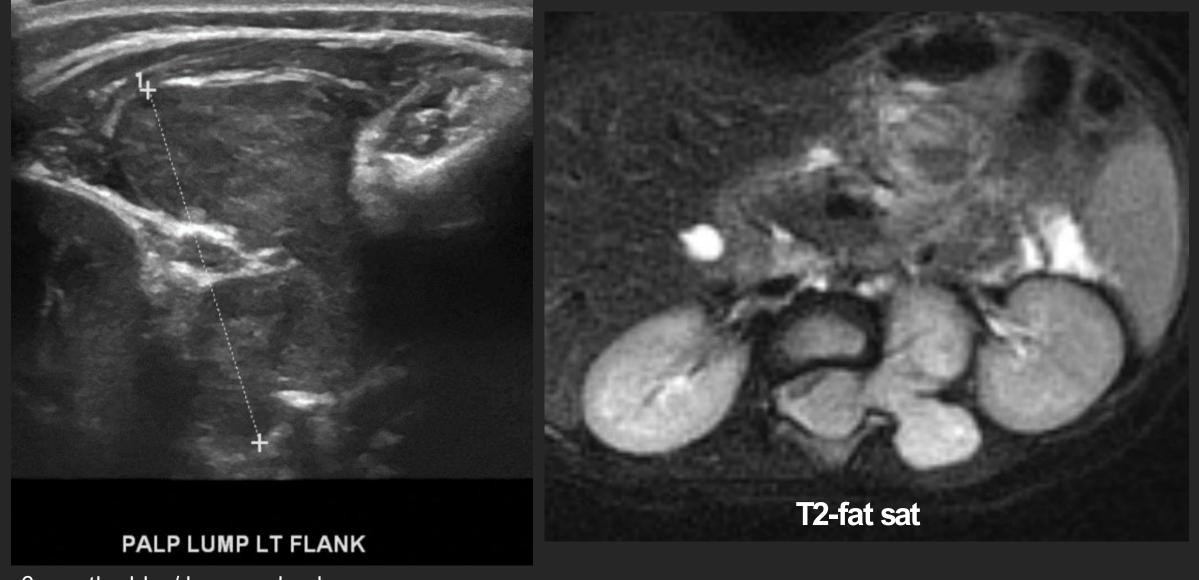


- Dystrophic
  - Normal Ca++ & phosphate
  - Tissue damage
- Metastatic
  - High Ca++ & phosphate
  - Renal failure, systemic diseases
- Idiopathic
  - Normal Ca++ & phosphate
  - Familial
- latrogenic
  - Administered Ca++ & phosphate

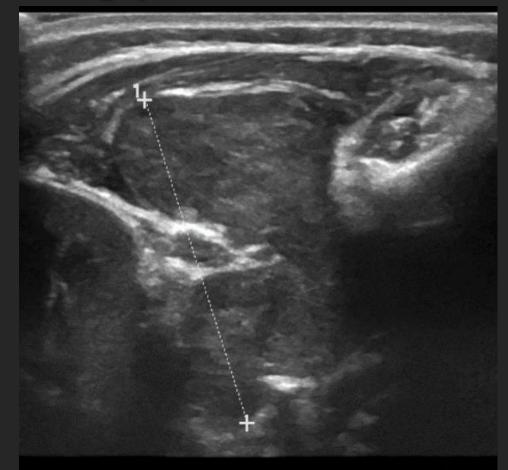






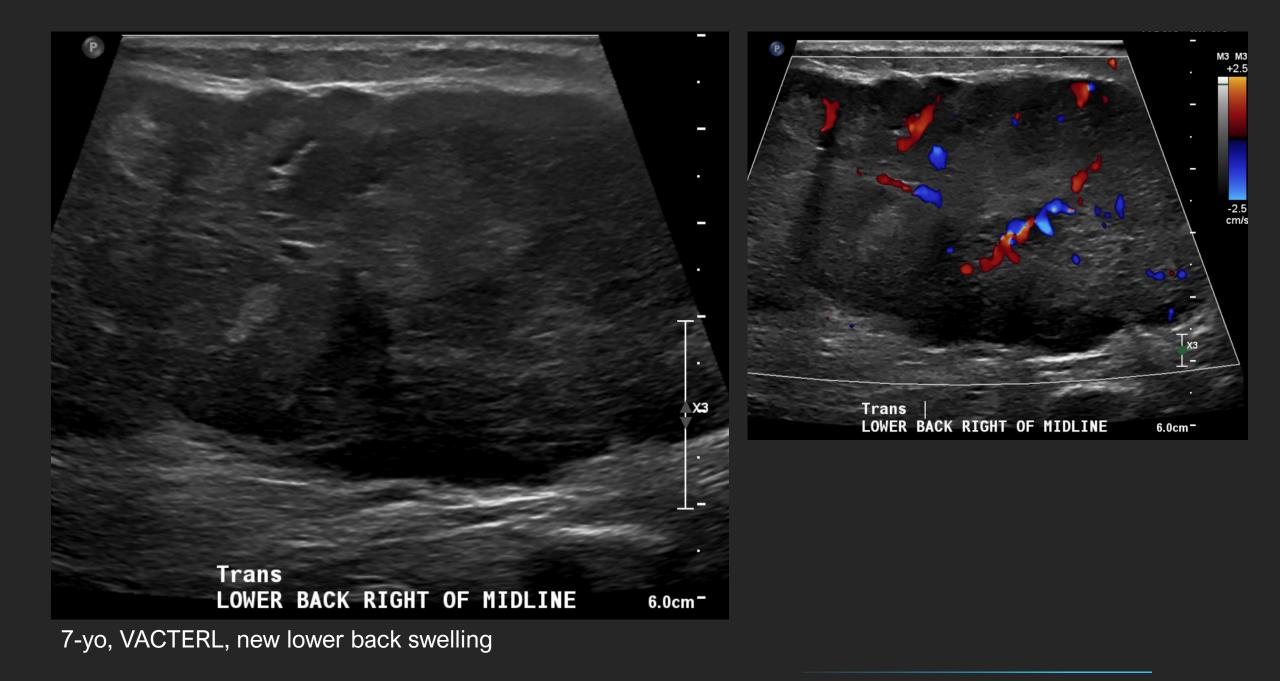


## **Atypical Teratoid/Rhabdoid Tumor**



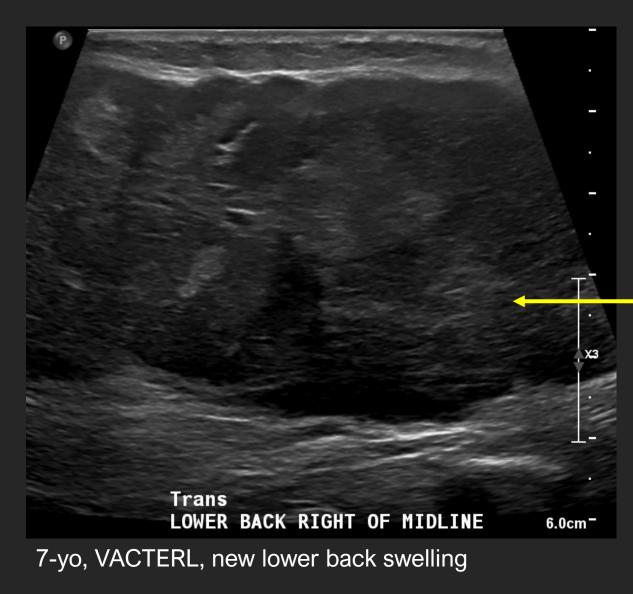
PALP LUMP LT FLANK

- "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

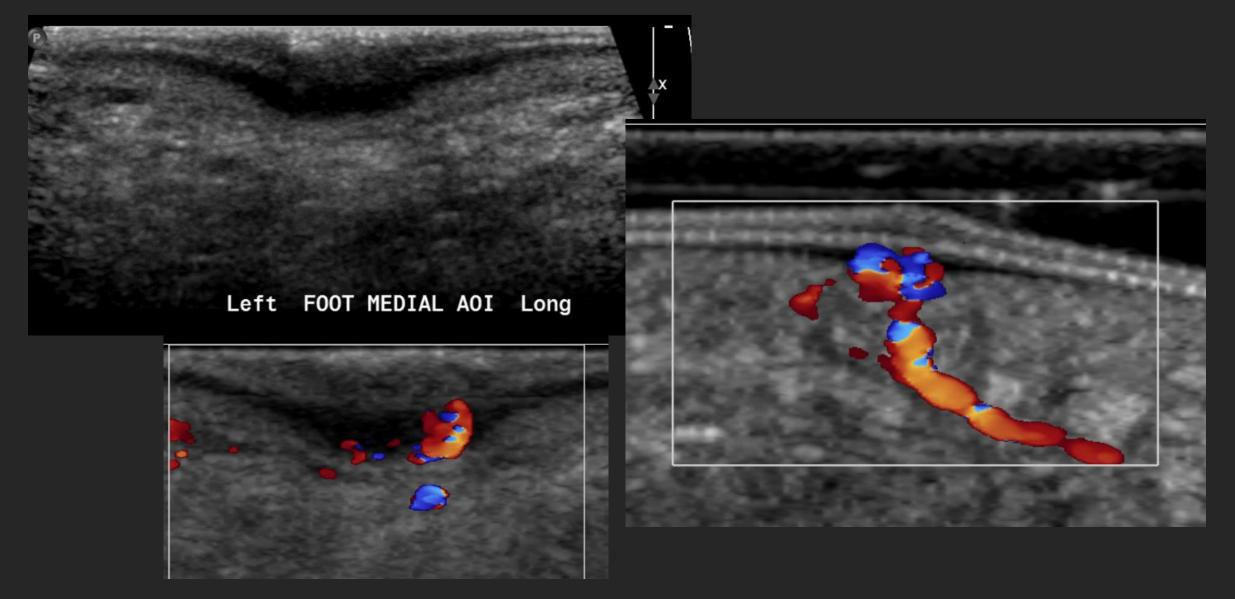




#### **Childhood Soft Tissue Sarcoma**

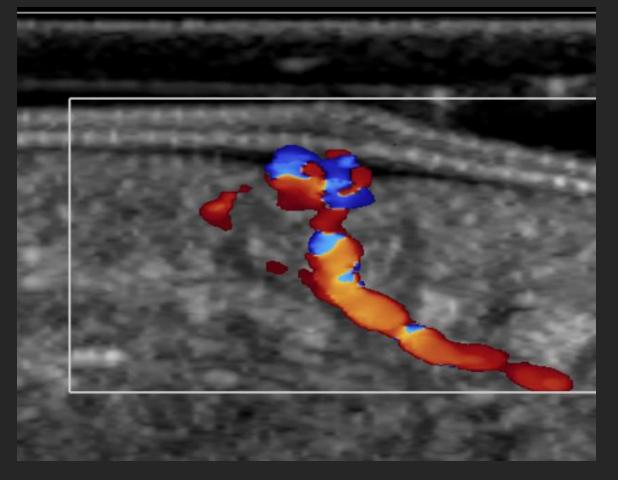


- Rhabdomyosarcoma
- Non-rhabdomyomatous sarcomas
  - 3.5% of childhood tumors
  - Associated chromosomal abnormalities
    - CIC-rearranged type
  - 5-year survival varies based on tumor type, other factors
    - Low risk, 96%
    - Intermediate risk, 80%
    - High risk, 35%



12-year old w/plantar foot bump

## **Plantar Wart**



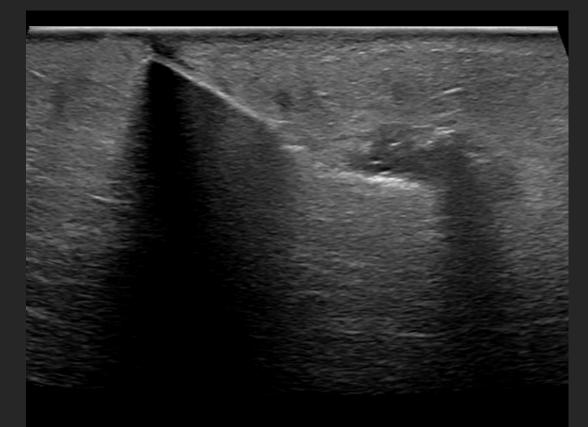
- Painful when walking
- Clinical history may be concern for foreign body
- Treatment with salicylic acid, freezing
- Human papillomavirus

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

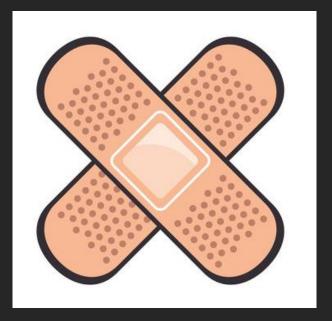


6-yo, splinter recently removed





- Water bath technique
- Avoid compression

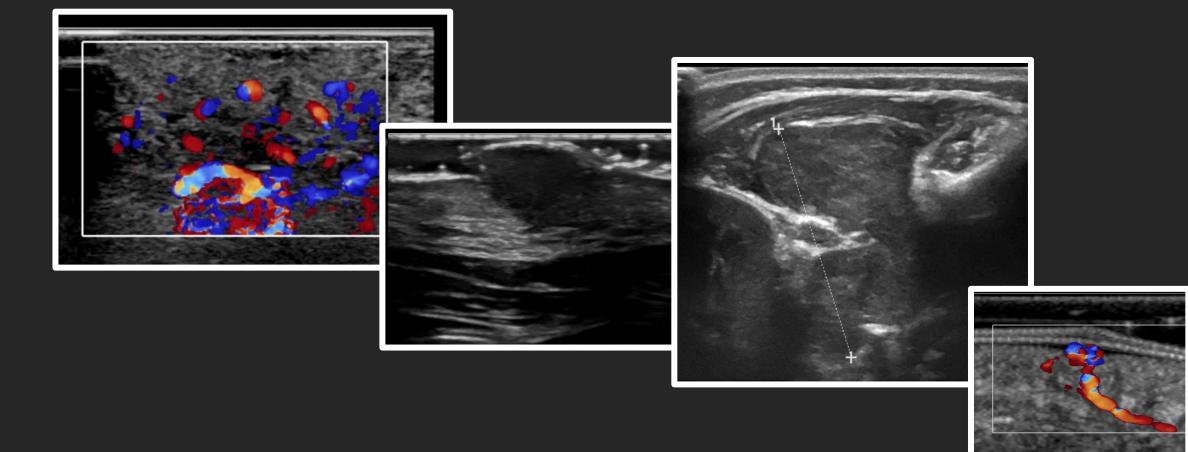


6-yo, splinter recently removed

# **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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