A huge lump in the thigh - a case report
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Section: Musculoskeletal system
Case Type: Clinical Cases
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Patient: 91 years, male

Clinical History:
An elderly man presented to Emergency Department with a huge lump in the right thigh. Clinical findings and MRI scan revealed it to be a large abscess.

Imaging Findings:
A 91-year-old man presented to Emergency Department with a lump in the right thigh. He developed it in a motorbike accident 30 years ago. It was initially small and painless. Recently it got exceptionally big and was also painful. He developed fever 3 weeks back, when it started discharging from the side. On examination, we found a lump of about 25cm X 15cm size on the anterolateral aspect of the right thigh, smooth but lobulated surface, mildly tender, soft and fluctuating, with indistinct margins. It was not moveable and overlying skin was fused with it. Right inguinal lymph nodes were palpable. Temperature was 38.2 degree Centigrade while WBC was 22,500/mm$^3$ and CRP was 220mg/L. A plain X-ray showed soft tissue shadow in right thigh with no features of osteomyelitis or bone lesions. MRI scan coronal and axial views pre and post contrast showed that there was a large multiloculated mass measuring approximately 26 x 10 x 10cm in the subcutaneous tissues of the lateral aspect of the right thigh. The cystic areas contained both fluid and gas. The presence of gas suggested the lesion be infected. There was a small amount of enhancement in part of the lesion post contrast but the degree of enhancement was minimal and the enhancement pattern was non-specific. The lesion appeared to be attached to a short segment of the tensor fascia lata but the bulk of the lesion appeared to be extra-muscular. Clinically and radiologically it appeared to be a large multiloculated abscess.

Discussion:
A lump in the thigh is not an uncommon case. Common causes of lump in the thigh include lipoma, fibroma, neuroma, abscess [4, 13, 15, 16] and cyst. However, cases of rhabdomyoma [8, 9, 12], rhabdomyosarcoma [10,11], liposarcoma [7], schwannoma [5], intramuscular hydatid cysts [2, 14], sparganosis [3] and focal myositis [6] were reported in the thigh. While plain x-ray gives only minimal information about the lump itself, it may be a valuable tool to exclude any bony involvement like metastasis, osteomyelitis or fractures. Ultrasonogram, MR and CT scans are more informative and reliable diagnostic tools.

In our case the elderly man has been with the lump for 30 years since he had a motorbike accident. A long standing haematoma tends to resolve or organise on its own. Haematoma is reported to be calcified [1]. But in this case, the haematoma persisted for quite a long time and got infected. His clinical presentation with fever, leucocytosis, high CRP was all favouring an abscess that was further proved with incision and drainage that grew Staphylococcus aureus. MR scan revealed the clear appearance of the lesion with fluid-gas level in it. The mass was in the
subcutaneous tissue level with clear-cut line of demarcation with the adjacent soft tissues including vastus lateralis muscle which it was closely adhered to.

**Differential Diagnosis List:** A multiloculated abscess in right thigh.

**Final Diagnosis:** A multiloculated abscess in right thigh.

**References:**


Cronin CT, Keel SB, Grabbe J, Schuler JG. Adult rhabdomyoma of the extremity: a case report and review of the literature. Hum Pathol. 2000 Sep;31(9):1074-80. (PMID: 11014574)


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Description: Plain x-ray of right thigh including hip joint and upper shaft of femur AP view in supine position showing a large soft tissue shadow in the lateral aspect of right thigh. No abnormality is noted in the hip joint. No features of osteomyelitis is noticed in femoral shaft. Origin:
Description: Plain xray of right lower thigh including right knee joint antero-posterior view supine position showing a large soft tissue shadow at the lateral aspect of thigh lateral to the mid shaft of femur. No abnormality is noted in the knee joint. Also, no features of osteomyelitis is noted in the femoral shaft. Origin:
Figure 2

Description: MR scan of the right mid thigh axial view in supine position showing a multiloculated soft tissue lesion at the lateral aspect of right thigh with fluid level and gas. It is in subcutaneous tissue plane with clear-cut line of demarcation with vastus lateralis muscle and adjacent soft tissues. Origin:
Description: MR scan of the right mid thigh axial view in supine position showing a multiloculated soft tissue lesion at the lateral aspect of right thigh with a homogeneous appearance. It is in subcutaneous tissue plane with clear-cut line of demarcation with vastus lateralis muscle and adjacent soft tissues.

Origin:
Description: MR scan of right thigh with a part of left thigh coronal view in supine position showing multiloculated soft tissue lesions at the lateral aspect of right thigh with gas in it. It is in subcutaneous tissue plane with clear-cut line of demarcation with vastus lateralis muscle and adjacent soft tissues. Note the lobulated appearance of the mass and irregular inner surface that looks like invagination of the inner walls of the lesion. Origin:
Description: MR scan of right thigh with a part of left thigh coronal view in supine position showing multiloculated soft tissue lesions at the lateral aspect of right thigh. This image is just posterior to the previous image. The lesion is in subcutaneous tissue plane with clear-cut line of demarcation with vastus lateralis muscle and adjacent soft tissues. Note the lobulated appearance of the mass. Origin: