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Surgery for acquired ankle equinus in multifocal pseudomyogenic hemangioendothelioma of the lower limb

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Multifocal pseudomyogenic hemangioendothelioma (PHE) is a very rare, recently described morphologic entity among soft tissue tumors. Currently no literature exists concerning tumor reaction to non-oncologic surgery. In particular, it is not known whether these procedures can lead to tumor activation, as seen with desmoid tumors, and whether surgery in these patients has the same outcome as it does in healthy individuals.

We report on a 21-years-old man with PHE of the left lower limb presenting a progressive irreducible left ankle equinus. Muscle retraction was equally localized in the soleus and gastrocnemius muscles, and led to severe functional impairment. An MRI showed multiple small lesions (<1cm) affecting the skin, the muscles and the bones of the lower leg, but no single large lesion explaining the muscular shortening. Intensive physiotherapy was unsuccessful.

We performed a posterior chain lengthening combining a Strayer gastroc-soleus recession with a Hoke Achilles lengthening. Following the procedure, a 10 degrees dorsiflexion of the ankle was obtained. After 6 weeks of cast immobilization retaining this position, the patient began intensive reeducation and progressive strengthening. At four months follow-up, ankle range of motion is normal and the strength recovery is good. There is no sign of tumor growth around the surgical site.

PHE can lead to muscle retractions causing functional impairment. So far, our very limited experience suggests that this tumor does not react to surgical interventions of the muscles. Thus we believe that a surgical procedure aimed at treating the symptoms of muscle shortening can be undertaken with promising results. Nevertheless, a longer follow-up and a better understanding of this very rare condition are needed.