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(CASE REPORT)

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INTRAMUSCULAR MYXOMA OF THE THIGH: A CASE REPORT

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ABSTRACT

This educational case report designed to illustrate the imaging approach to intramuscular myxoma of the thigh. The synthetic radiological figure demonstrates representative appearances rather than actual patient imaging. Imaging findings, differential diagnosis and limitations are discussed to support structured radiological interpretation.

Keywords: Intramuscular myxoma; MRI; Soft-tissue tumor; Thigh.

1 INTRODUCTION

Intramuscular myxoma of the thigh presents diagnostic challenges because imaging findings may overlap with more common conditions. Cross-sectional imaging is important for identifying lesion origin, defining anatomical relationships and guiding subsequent evaluation.

2 CASE REPORT

A 40-year-old male patient presented with a slowly enlarging, painless mass in the thigh, evolving over several months without associated trauma or systemic symptoms. Clinical examination revealed a palpable, well-circumscribed, soft tissue mass without overlying skin changes or neurological deficits.

Magnetic resonance imaging (MRI) of the thigh demonstrated a well-defined, oval-shaped intramuscular lesion with smooth margins, located within the muscular compartment. The lesion exhibited homogeneous low signal intensity on T1-weighted images and marked hyperintensity on T2-weighted and STIR sequences, suggesting a predominantly myxoid tissue composition. Thin internal septations were identified, without evidence of hemorrhage, necrosis, or significant surrounding tissue infiltration.

Following intravenous gadolinium administration, the lesion demonstrated predominantly peripheral and internal septal enhancement, with limited enhancement of its central component. A thin rim of surrounding fat was noted, without invasion of adjacent muscles, neurovascular structures, or underlying bone.

These imaging findings were suggestive of an intramuscular myxoma, although other myxoid soft tissue tumors, particularly myxoid sarcoma, remained important differential diagnoses. Histopathological examination was considered necessary for definitive diagnosis.

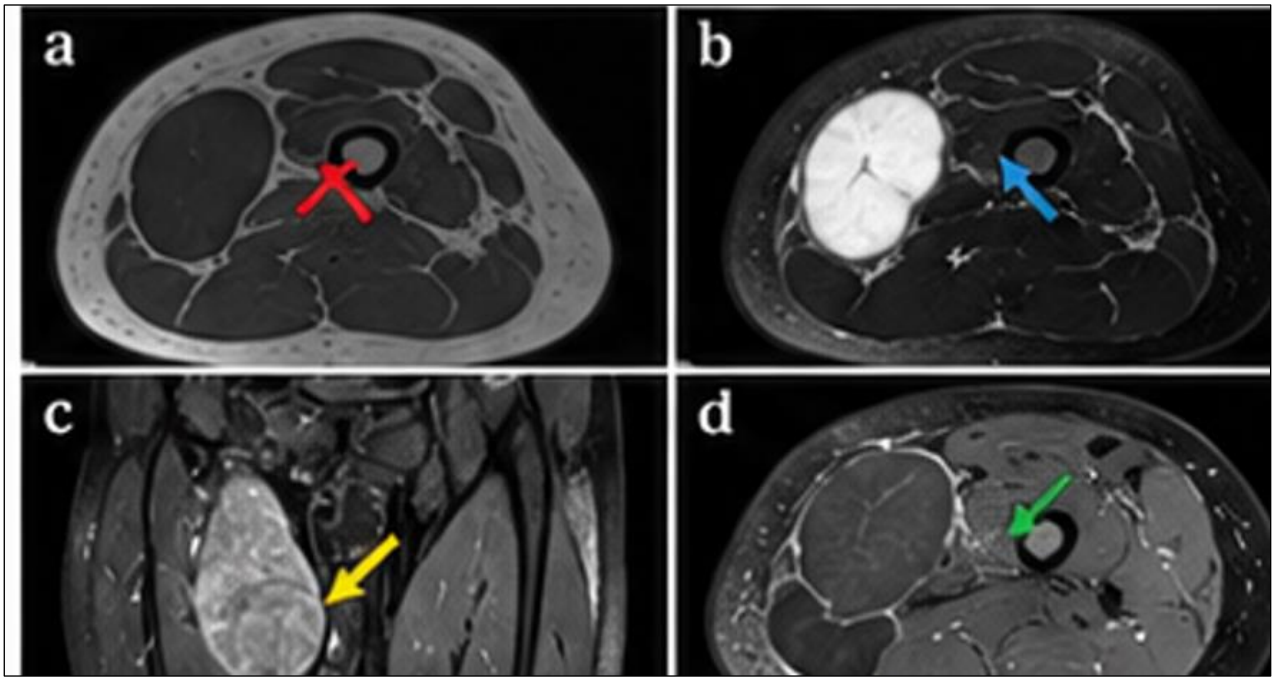

Figure 1: (a) Axial T1-weighted MRI illustration of a hypointense intramuscular mass (red arrow); (b) axial T2-weighted MRI illustrating high signal (blue arrow); (c) coronal fluid-sensitive image (yellow arrow); (d) post-contrast axial illustration (green arrow).

3 DISCUSSION

Intramuscular myxoma is a benign mesenchymal tumor that commonly affects large skeletal muscles. Typical MRI features include marked T2 hyperintensity, low T1 signal and variable peripheral enhancement. Imaging differentials include myxoid liposarcoma, peripheral nerve sheath tumor and cystic lesions. Histologic correlation may be needed when atypical imaging features are present.

For actual clinical reporting, the assessment should incorporate complete imaging sequences, patient history, prior examinations, multidisciplinary review and histopathology where indicated.

4 CONCLUSION

Intramuscular myxoma is a rare benign soft tissue tumor that typically presents as a slowly growing, painless mass. MRI plays a crucial role in its characterization, demonstrating low T1 signal intensity, marked T2 hyperintensity, and predominantly peripheral and septal enhancement. Although these findings are suggestive, histopathological examination is essential to differentiate it from malignant myxoid tumors. Complete surgical excision is generally curative, with an excellent prognosis and a low risk of recurrence.

STATEMENTS ON COMPLIANCE WITH ETHICAL STANDARDS

Disclosure of conflict of interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Statement of informed consent

Written informed consent was obtained from a legally authorized representative(s) for anonymized patient information to be published in this article.

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