

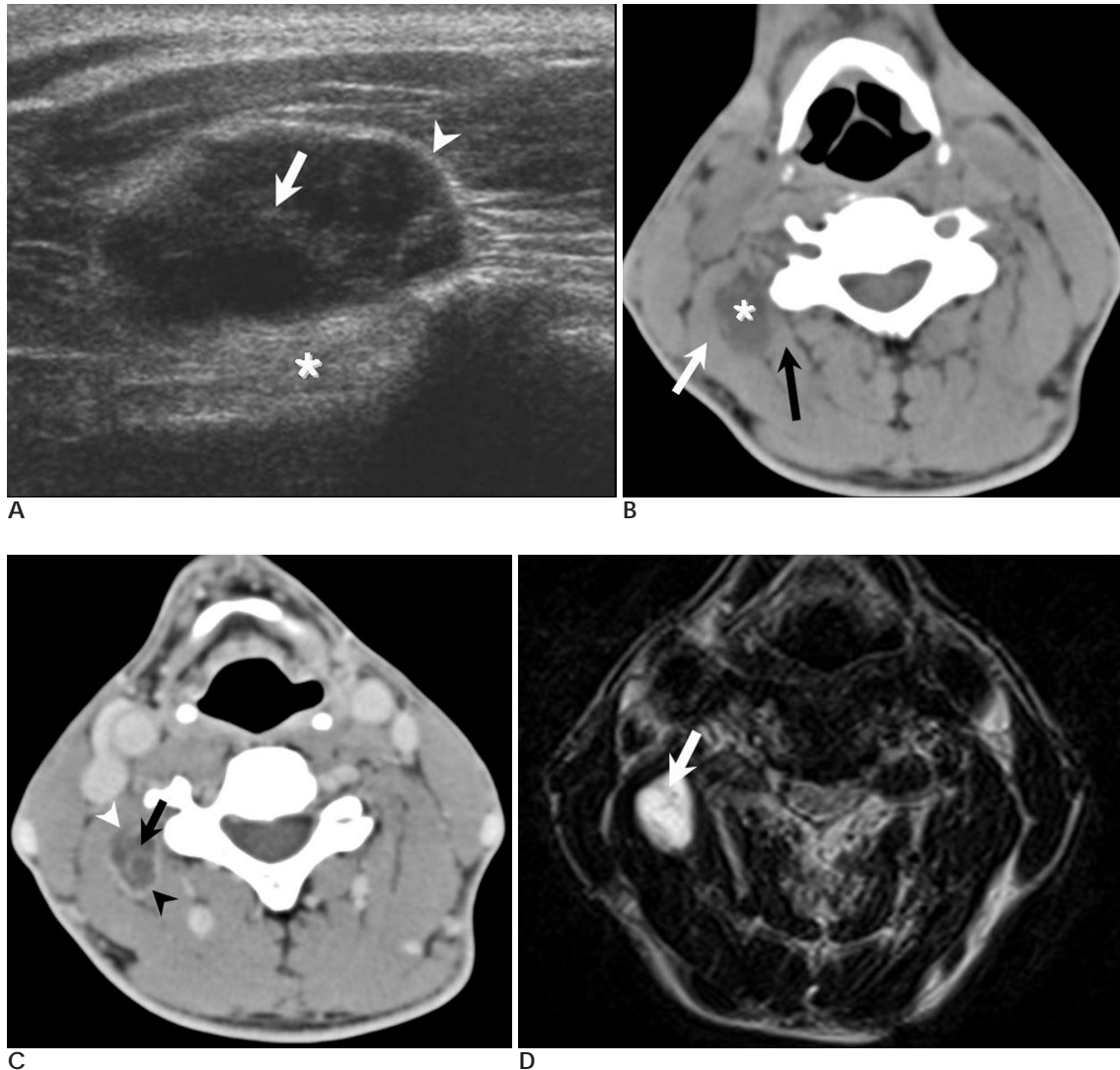


(myxoma) (myxoid stroma) (undifferentiated stellate cell) (benign) (true) (mesenchymal tumor) .  
(intramuscular myxoma) , 17% . ,  
(paraspinal space)

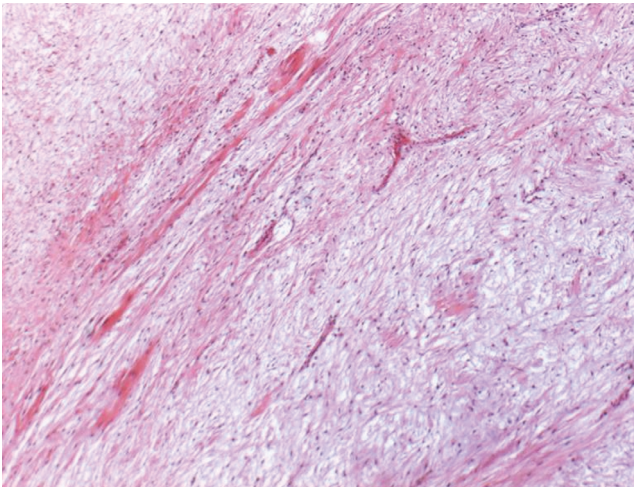
(myxoma) (mesenchyme) (semispinalis capitis muscle) .  
(1) 가 , , CT(Fig. 1C)  
(2). (Magnetic Resonance Imaging: MRI) T2  
(intramuscular myxoma) , (Fig. 1D)  
(2). 가 (Fig. 2)  
(2). 가 (myxoid matrix)  
(bony myxoma: 61%) , (spindle cell)  
(2, 3).

1871 Virchow  
(umbilical cord) (mucinous tissue)  
(4). , Stout 1948  
(loose) (myxoid stroma)  
(undifferentiated stellate cell) , (benign)  
(true) (mesenchymal tumor)  
(1).  
가 , ,  
(2, 5). , Gober (5)  
(septum) . , ,  
(Computed Tomography: CT) (Fig. 1B) 가 , . Andrews (3)  
(levator scapulars muscle) 가 (76%), .

40 - 60 (spindle cell) , (2, 3).  
 1.4 (fibrous band)가 (2).  
 (2, 7). (fibrous dysplasia) 가 Mazabrand syndrome (8). 가 ,  
 가 (3). 가 (posterior acoustic enhancement) . (67%), (33%)  
 가 (2). 가 (7). (6).  
 (mucoid material) (stellate cell) (7).



**Fig. 1.** A 48-year-old-man with intramuscular myxoma in the right paraspinal space.  
**A.** Ultrasound shows well defined slightly hypoechoic nodule with posterior acoustic enhancement (asterisk). Note partial capsule in left side of the nodule (arrowhead) and internal septa (arrow) is seen.  
**B.** Precontrast CT scan reveals well defined, homogeneous low density nodule (asterisk) in right paraspinal space. The nodule is located between levator scapularis muscle (white arrow) and semispinalis capitis muscle (black arrow).  
**C.** Contrast-enhanced CT scan shows faint capsular (black arrowhead) and septal (arrow) enhancement. Note incomplete capsule (white arrowhead) is seen.  
**D.** T2-weighted axial MR image shows high signal intensity nodule in the right paraspinal space. Note low signal intensity of internal septa (arrow) in the mass is demonstrated.



**Fig. 2.** A 48-year-old-man with intramuscular myxoma in the right paraspinal space.

Photomicrograph of histologic specimen shows spindle cells in the abundant myxoid stroma (hematoxylin-eosin stain,  $\times 40$ ).

CT  
가  
, (7, 9).  
CT  
(7). 가 (79%),  
(14%) (7%)  
(6,  
7). Luna (10)  
(fibrous band)  
MR T2  
(fibrous band)  
가 (7, 10).  
(sarcoma)  
(malignant fibrous histiocytoma)

- (3, 7, 9, 10). (sarcoma)  
가 8.6 cm (2 - 30 cm) (1 -  
17 cm; 4.3 cm), 가  
(9).  
(7, 10)  
가 ,  
가  
가 (3, 7, 9)  
가  
.  
1. Stout AP. Myxoma, the tumor of primitive mesenchyme. *Ann Surg* 1948;127:706-719  
2. Ozawa H, Fujii M, Tomita T, Ogawa K. Intramuscular myxoma of scalene muscle: a case report. *Auris Nasus Larynx* 2004;31:319-322  
3. Andrews T, Kountakis SE, Maillard AA. Myxomas of the head and neck. *Am J Otolaryngol* 2000;21:184-189  
4. Virchow R. *Die Cellularpathologie in ihrer Begründung auf physiologische und pathologische Gewebelehre*. 4th ed. Berlin: A. Hirschwald, 1871;563  
5. Gobar GA, Nicholas RW. Case report 800: Skeletal fibrous dysplasia associated with intramuscular myxoma (Mazabraud's syndrome). *Skeletal Radiol* 1993;22:452-455  
6. Crankson SJ, Al Namshan M, Al Mane K, Bamefleh H. Intramuscular myxoma; a rare neck mass in a child. *Pediatr Radiol* 2002;32:120-122  
7. Murphey MD, McRae GA, Fanburg-Smith JC, Temple HT, Levine AM, Aboulaia AJ. Imaging of soft-tissue myxoma with emphasis on CT and MR and comparison of radiologic and pathologic findings. *Radiology* 2002;225:215-224  
8. Aoki T, Kouho H, Hisaoka M, Hashimoto H, Nakata H, Sakai A. Intramuscular myxoma with fibrous dysplasia: a report of two cases with a review of the literature. *Pathol Int* 1995;45:165-171  
9. Ekelund L, Herrlin K, Rydholm A. Computed tomography of intramuscular myxoma. *Skeletal Radiol* 1982;9:14-16  
10. Luna A, Martinez S, Bossen E. Magnetic resonance imaging of intramuscular myxoma with histological comparison and a review of the literature. *Skeletal Radiol* 2005;34:19-28

## A Case Report of Intramuscular Myxoma in the Paraspinal Space<sup>1</sup>

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Myxomas are benign mesenchymal neoplasms composed of undifferentiated stellate cells in the myxoid stroma and can affect the heart, subcutaneous tissues, bone and skin. Myxomas arising from muscle tissue are called intramuscular myxomas, and account for 17% of all myxomas. Intramuscular myxomas are most commonly located in the large muscles of the thigh, shoulder, and buttocks. However, intramuscular myxomas of the head and neck region are rarely reported. In this study, we report a case of intramuscular myxoma arising from the paraspinal space of the head and neck region.

**Index words :** Myxoma

Muscle neoplasms

Head and neck neoplasms

Magnetic resonance (MR)

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