Infantile chest hamartoma—case outcome aged 11

A M Freeburn, J McAloon

Abstract
Chest wall hamartoma of infancy is a rare lesion, usually presenting in the first year of life. Recent literature has recommended conservative management of asymptomatic children, yet most continue to undergo surgical resection irrespective of their symptom status. We report a case of spontaneous regression of a chest wall hamartoma of infancy, supporting recommendations for conservative management in asymptomatic children. (Arch Dis Child 2001;85:244–245)

Keywords: hamartoma; chest wall

Hamartoma of the chest wall in infancy is a rare lesion, usually presenting in the neonate or infant with a mass or respiratory symptoms. Most reported cases have been managed by surgical resection.1–6 We report expectant management and long term follow up of a case showing uncomplicated spontaneous resolution and rib remodelling.

Case report
A previously healthy 7 month old male was admitted to hospital with respiratory syncytial virus positive bronchiolitis. Coincidentally a protuberance of the right lower rib cage was noted for the first time. Chest x ray at this stage showed a peripheral soft tissue lesion in the right lower zone with a well defined inner margin (fig 1). There was associated deformity of the adjacent 7th rib with splaying of the 7th and 8th ribs, indicating a mass component. Ultrasound scan confirmed the presence of a solid lesion. Skeletal survey showed no other abnormalities and blood parameters were normal.

Computed tomography (CT) scan of the chest (fig 2) confirmed a 5 cm × 3 cm right sided extrapleural mass containing calcification.

Discussion
Chest wall hamartoma in infancy is a rare lesion, which may be present at birth, or present in early infancy, either as an asymptomatic mass or with some respiratory compromise. Histologically, the lesion is composed of cartilage, smooth muscle, and respiratory...
epithelium forming a disorderly mass. A review 
of the English language literature has revealed 
59 reported cases, with only scanty information 
available in standard paediatric or pathology 
textbooks.

Of those cases reported up to 1991, wide en 
block surgical excision was the recommended 
course of management.1 This treatment is 
complicated by inevitable chest wall defect 
postoperatively, often requiring synthetic grafts 
for closure, and is associated with a risk of 
developing scoliosis in later life.2 There are two 
early reports3,4 describing three infants who did 
not have radical surgery. However, one of these 
children received chemotherapy as an alterna-
tive to resection;3 one had only short term fol-
low up of one year, remaining well without fur-
ther growth of the tumour,4 and the oldest 
child remained well 16 years later but with evi-
dence of residual tumour. Subsequently 
Gwyther and Hall,5 in 1991, were the first to 
recommend a conservative approach to the 
management of such lesions in otherwise 
asymptomatic children. However since then, of 
the 18 cases reported, only one has been man-
aged conservatively and that patient has no 
recorded long term follow up.6

To our knowledge our patient is the first in 
whom conservative management in association 
with documented complete spontaneous 
regression of the lesion in the long term has 
been described. Our experience provides sup-
port for the recommendation of a conservative 
approach to management in an asymptomatic 
patient, thus avoiding the significant risks and 
complications of major surgery.

We would like to thank Mr Stephen Potts, Consultant Paediat-
ric Surgeon, Royal Belfast Hospital for Sick Children for his 
help and advice in the management of this case.

1 Brand T, Hatch EI, Schaller RT, et al. Surgical management 
of the infant with mesenchymal hamartoma of the chest 
2 Oakley RH, Carty H, Cudmore RE. Multiple benign 
mesenchymomata of the chest wall. Pediatr Radiol 1985;15: 
58–60.
3 Blumenthal BI, Captanito MA, Queloz JM, Kirkpatrick JA. 
Intrathoracic mesenchymoma: observations in two infants. 
4 Campbell AN, Wagget J, Mott MG. Benign mesenchymoma 
5 Gwyther SJ, Hall CM. Mesenchymal hamartoma of the 
6 Ayala AG, Ro JY, Bolso-Solis A, et al. Mesenchymal hamar-
toma of the chest wall in infants and children: a 
clinicopathological study of five patients. Skeletal Radiol 
1993;22:569–76.
Infantile chest hamartoma—case outcome aged 11

A M Freeburn and J McAloon

Arch Dis Child 2001 85: 244-245
doi: 10.1136/adc.85.3.244

Updated information and services can be found at:
http://adc.bmj.com/content/85/3/244

These include:

References
This article cites 6 articles, 0 of which you can access for free at:
http://adc.bmj.com/content/85/3/244#BIBL

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Topic Collections
Articles on similar topics can be found in the following collections

Oncology (778)

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/