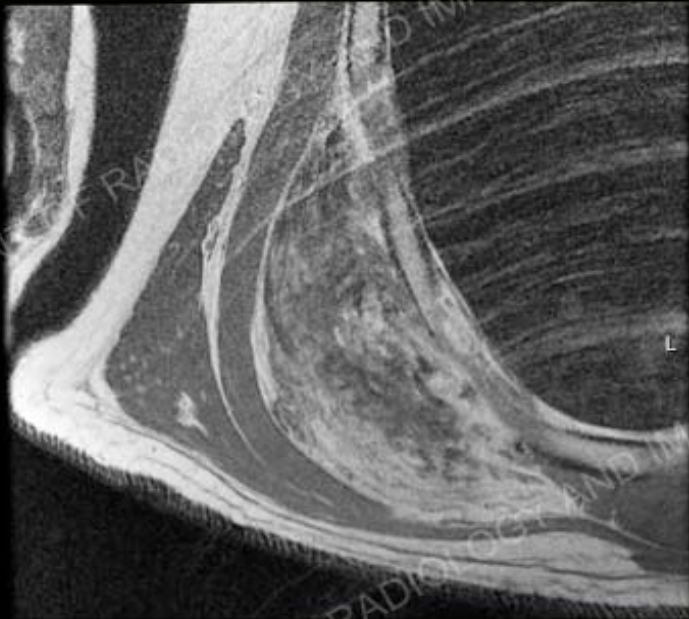
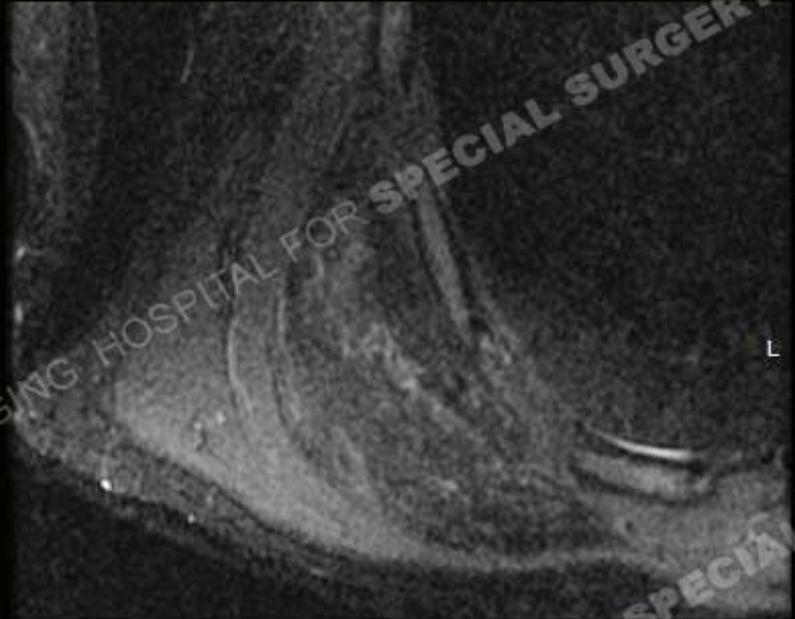




History: 63 year old man with asymptomatic right sided mass  
(Initial images are from 2006 with a follow up from 2009)

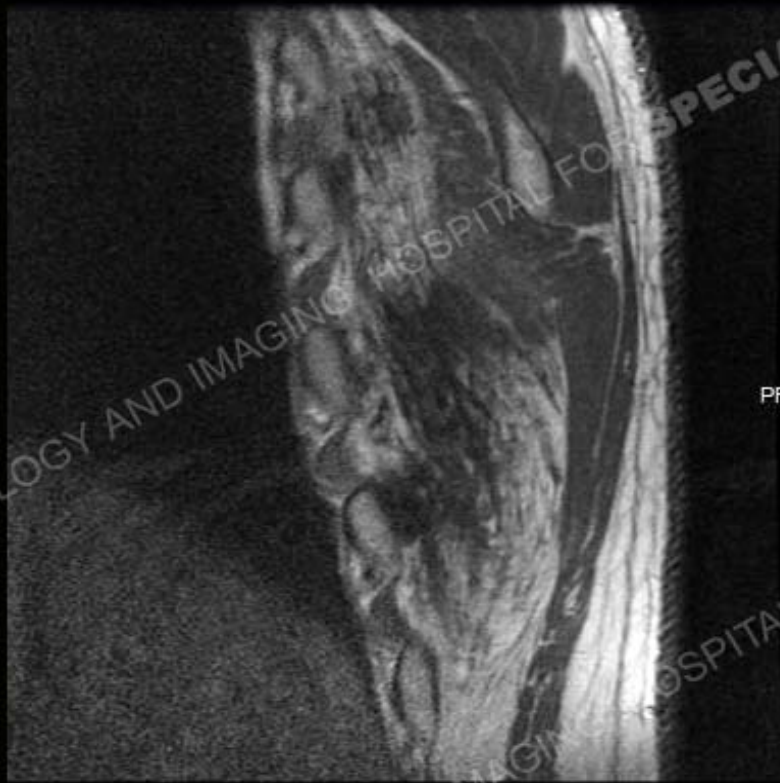


Axial PD



Axial IR

Anterior



Posterior

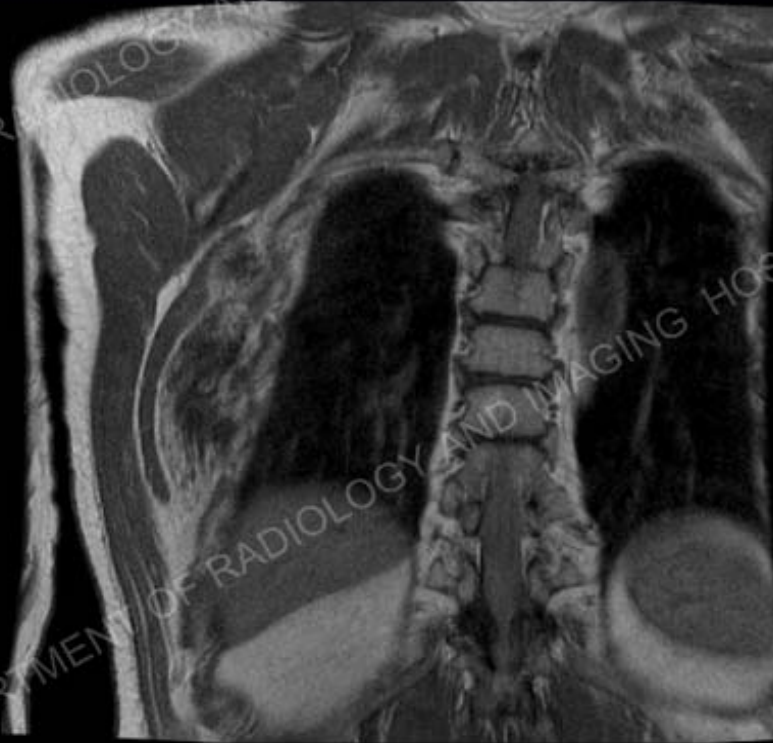
Sagittal PD



Axial PD 2009



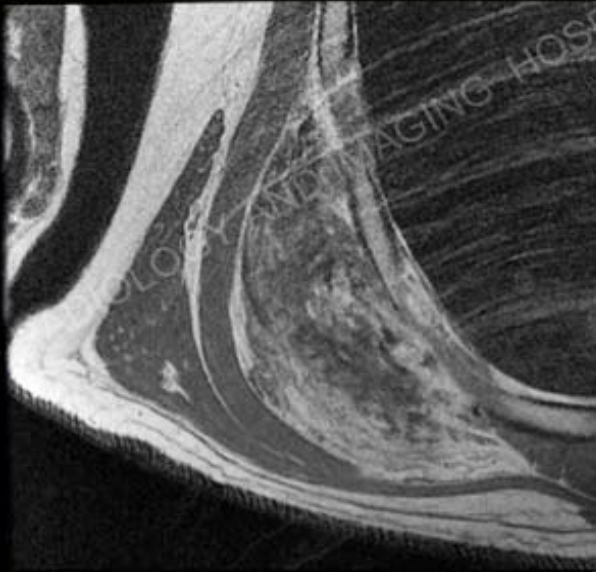
Axial PD 2006



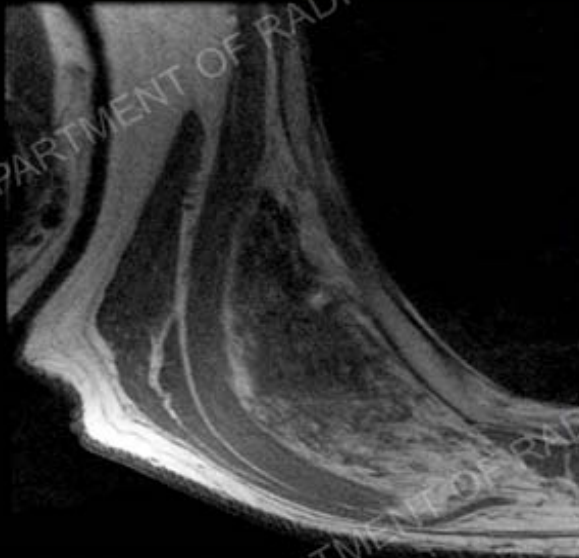
Coronal PD 2009



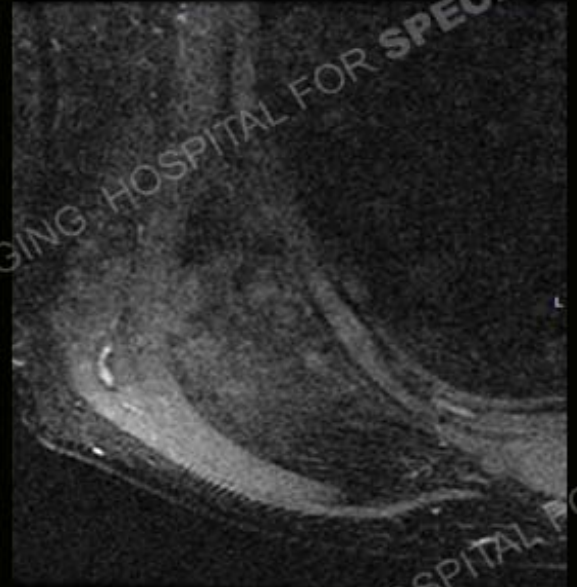
Sagittal PD 2009 -  
Same orientation as prior



Axials  
2006



Axials  
2009



## Findings

- Heterogeneous mass seen insinuated between the inferior tip of the scapula and the chest wall. The mass is seen deep to the serratus anterior muscle causing elevation of the muscle. The mass has rather ill defined borders. Areas of intermediate to low signal are seen on all pulse sequences with other areas that demonstrate fatty signal. The underlying bone is normal and no changes are seen when comparing the two exams.



Intermediate to low signal  
strands within ill-defined mass

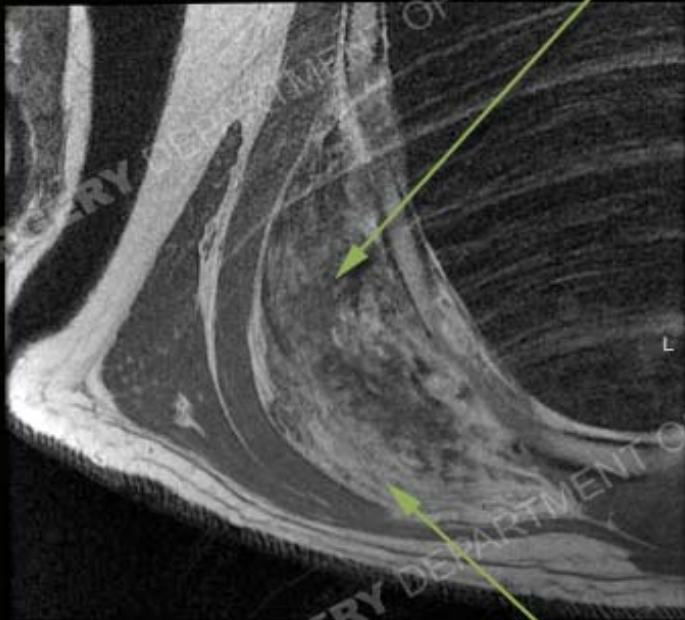
Areas of fatty  
signal



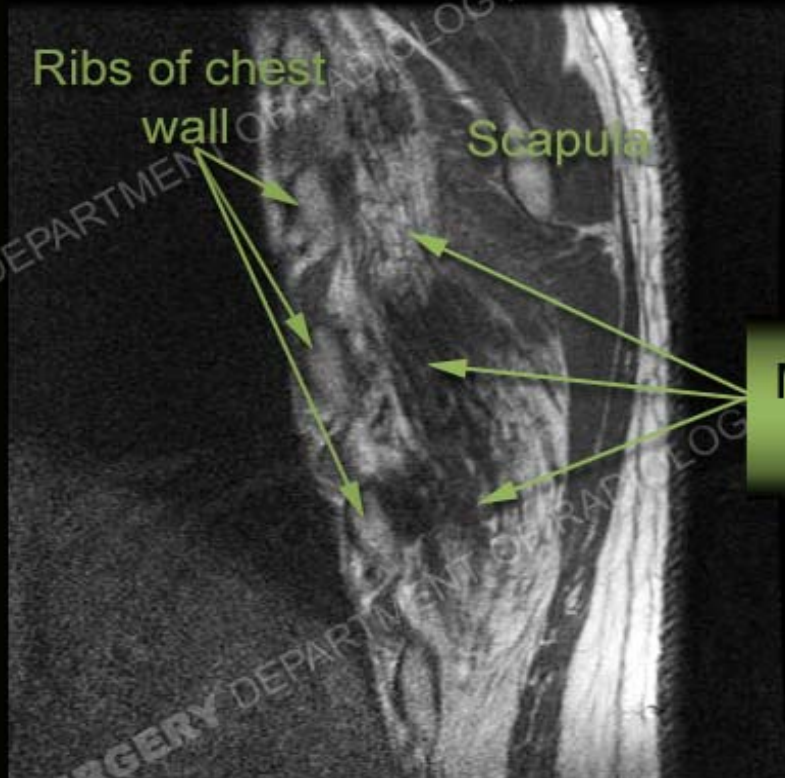
Elevation of right serratus  
anterior with comparison to left



Intermediate to low signal bands on all pulse sequences of ill defined mass

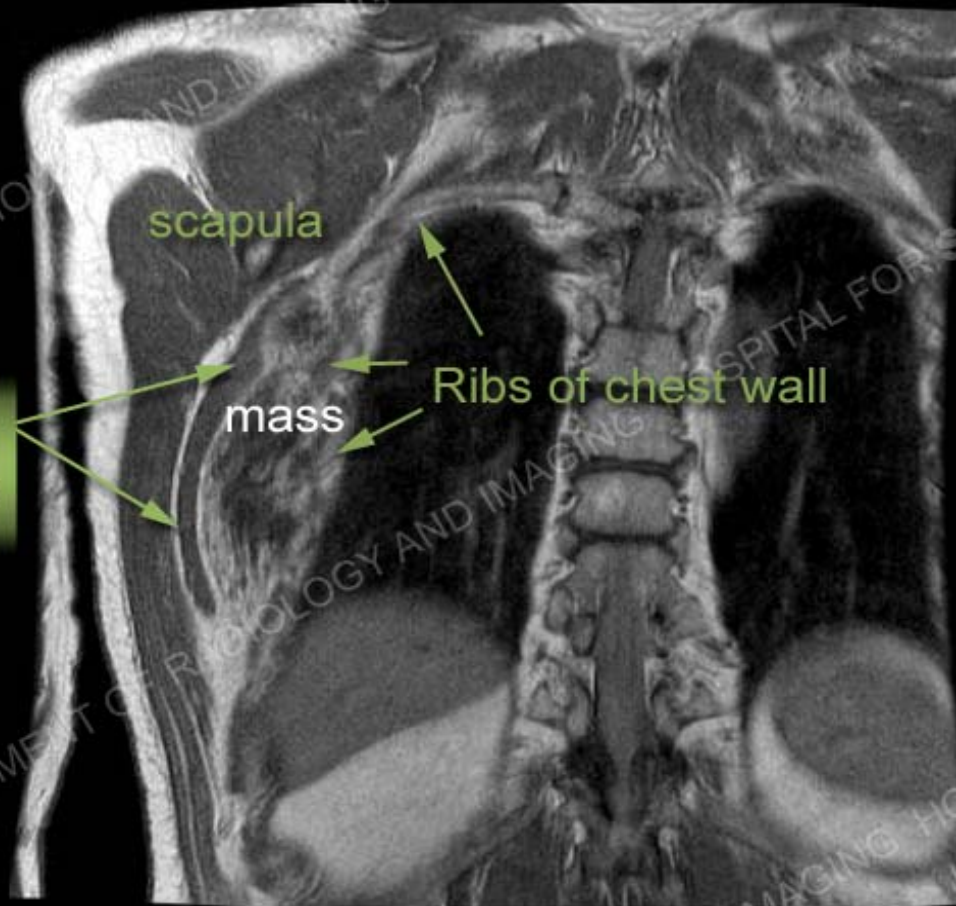


Fat signal intensity



Mass between inferior tip of scapula and chest wall

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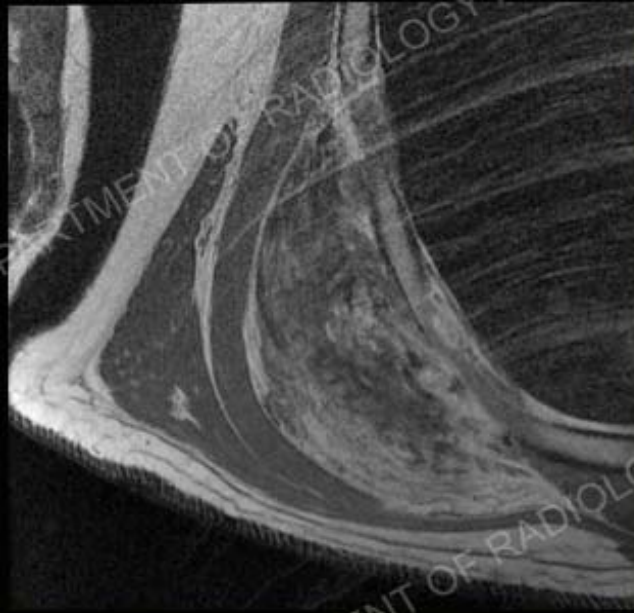
Elevated  
serratus anterior

scapula

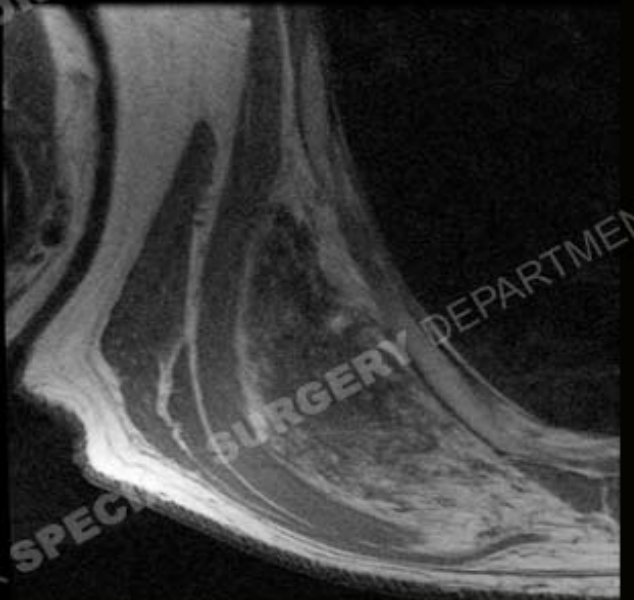
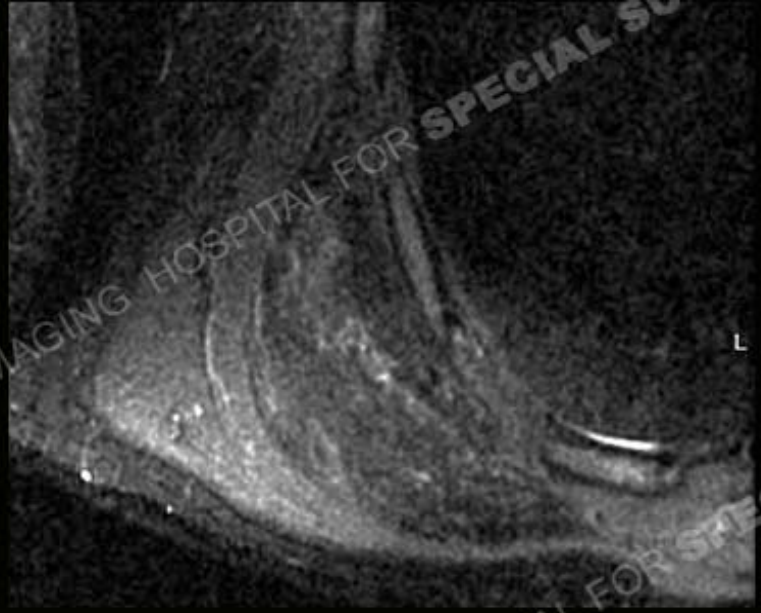
mass

Ribs of chest wall

L

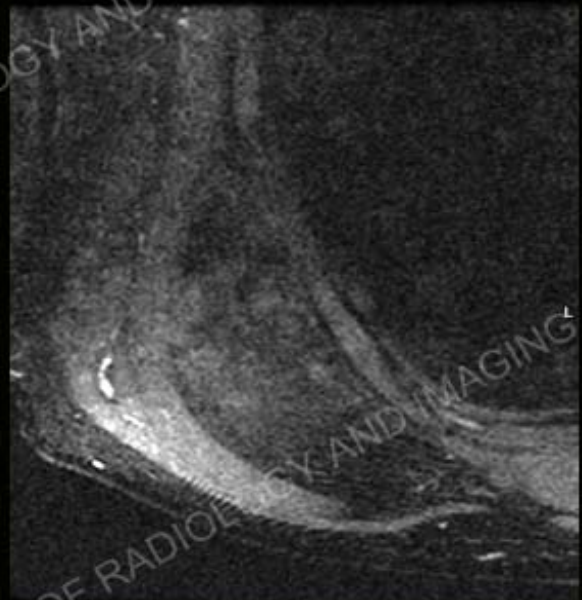


Axials  
2006



Axials  
2009

No  
change  
from  
'06  
to '09



## Diagnosis: Elastofibroma Dorsi

- Elastofibroma Dorsi is a benign soft tissue tumor which is typically seen in the older patient population and is more common in women than men. It is classically found, as in this case, at the tip of the scapula or infrascapular and is interposed between the scapula and the chest wall. It is often found deep to the serratus anterior or latissimus dorsi muscle. The mass is thought by many to be perhaps in part related to mechanical irritation.
- Given that the mass is composed of streaks of fibrous tissue interspersed with fatty elements, it yields intermediate to low signal on most pulse sequences but with other foci of fat signal as is seen in this case. It lacks an overlying capsule accounting for its ill defined or somewhat infiltrative pattern. The mass is benign and if seen in a typical location needs no further follow up. Approximately half of the time patients state associated pain, snapping, or clicking that may precipitate excision with recurrence being particularly rare.



## Resources:

- <http://radiographics.rsna.org/content/26/6/1873.full>
- Resnick. Diagnosis of Bone and Joint Disorders. 4th Ed. 2002.

