


# Suspension Technique for Ease of Operation in a Giant Angiolipoma of Thigh

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Sir,

Angiolipomas are defined as benign soft tissue tumors of mesenchymal origin and are made of mature adipocytes with an excessive degree of vascular proliferation. They are often asymptomatic and painless, and as they grow may cause mass effect. They can either be infiltrating or non-infiltrating (encapsulated).<sup>1</sup> Resection is the first line of treatment for both variants with recurrence more common in infiltrating variants.

We present a 48-year-old male who presented with a large swelling over the anterior aspect of the left proximal thigh. It gradually increased in size over 10 years. The lesion was a lobulated large exophytic that measured 40 cm × 20 cm × 25 cm in size (►Fig. 1). A contrast-enhanced magnetic resonance imaging showed large soft tissue tumor lesion in a subcutaneous plane with multiple hypertrophied arterial branches from the left superficial femoral artery along with multiple dilated veins without any nidus. The lesion was consistent with lipomatous tumor.

Excision of this lesion was challenging due to the size and multiple large vascular channels within. In patients with massive abdominal pannus, its size and weight impede pannus handling during surgery and become a real challenge for the surgeon and his/her assistants. The pannus suspension technique is well described in the literature to decrease surgeon fatigue.<sup>2</sup> We used a similar technique for this patient. To help in the preparation, exsanguination, and surgical resection, the tumor was suspended with the help of two Steinmann pins (single trocar threaded) pierced across it. The pins were hung to an anesthesia screen (L-shaped rod) for suspension with sterile bandages (►Fig. 2). This facilitated adequate exsan-

guination of draining veins prior to incision and for easy hemostasis and reducing primary hemorrhage. This position facilitated easier identification, dissection, and ligation of the large blood vessels. This technique also facilitates using energy devices, further reducing blood loss. The postop period was uneventful and the wound healed well (►Fig. 3). The histopathological examination confirmed the lesion to be an angiolipoma.

We suggest to impale the pin in the superficial subcutaneous plane to avoid injury to blood vessels. Threaded pin helps in easy piercing into the lesion.

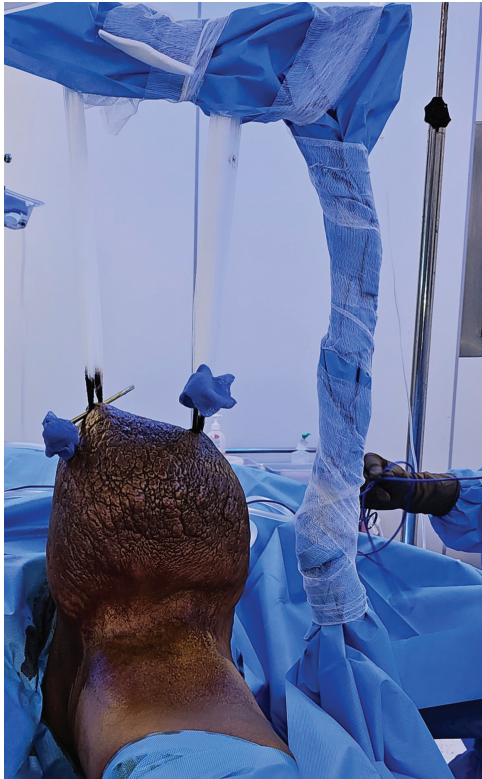


**Fig. 1** A large lobulated tumor in the left upper thigh.

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**Fig. 2** Suspension of tumor with Steinmann pins and anesthesia screen (L-shaped rod).

**Note**

Authors confirm to the Declaration of Helsinki.

**Conflict of Interest**

None declared.



**Fig. 3** Well-settled scar over the left upper thigh.

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