

retroperitoneal space—the perirenal and the anterior and the posterior pararenal—to be further delineated.<sup>6</sup> The posterior renal fascia had been thought to insert into the anterior portion of the psoas. It is now recognised that insertion is more commonly into the posterior psoas or the quadratus lumborum muscles, explaining the buttock mass in this case.

- 1 Procaccino JA, Lavery IC, Fazio VW, *et al.* Psoas abscess: difficulties encountered. *Dis Colon Rectum* 1991;9:784–9.
- 2 Watt I, Roylance J. Pyonephrosis. *Clin Radiol* 1975;4:513–19.
- 3 Kass EH, Zinner SH. Bacteruria and renal disease. *J Infect Dis* 1969;120:27–46.
- 4 Wu TT, Lee YH, Tzeng WS, *et al.* The role of C-reactive protein in the diagnosis of infected hydronephrosis and pyonephrosis. *J Urol* 1994;152:26–8.
- 5 Jeffrey RB, Laing FC, Wing VW, *et al.* Sensitivity of sonography in pyonephrosis: a reevaluation. *AJR* 1984;144:71–3.
- 6 Korobkin M, Silverman PM, Quint LE, *et al.* CT of the extraperitoneal space: normal anatomy and fluid collections. *AJR* 1992;159:933–4.

## Persistent “haematoma”

Michael J Clancy

A 71 year old woman noticed a persistent swelling over her right tibial tuberosity after a blow to that area some 10 weeks earlier. Attempted aspiration by her general practitioner was unsuccessful and she was referred to her local accident and emergency (A&E) department for further aspiration of the “haematoma”. On examination there was a 6 cm fluctuant swelling from which no blood could be aspirated. Under local anaesthesia the lesion was incised, “loculi broken down and 50–70 ml of blood expelled”. The wound was closed and on review two weeks later the swelling appeared to be resolving.

The patient represented 10 weeks later with a recurrence of the swelling and underwent an ultrasound examination that showed a solid, highly vascular, well defined oval shaped mass in the subcutaneous tissue immediately over the tibial periosteum but with no evidence of local invasion. This was confirmed by magnetic resonance imaging (fig 1).

The patient had the lesion completely excised. Histologically the tumour was unusual and thought to be a pleomorphic hyalinising angiectatic tumour of soft parts, which has only recently been described.<sup>1</sup> There is a risk of local recurrence with this tumour type, which has been tentatively designated as a low grade sarcoma.

Soft tissue tumours presenting to A&E departments are likely to be rare and the diagnosis delayed.<sup>2</sup> Persistence and the recurrence of the swelling point to this lesion not being a simple haematoma.

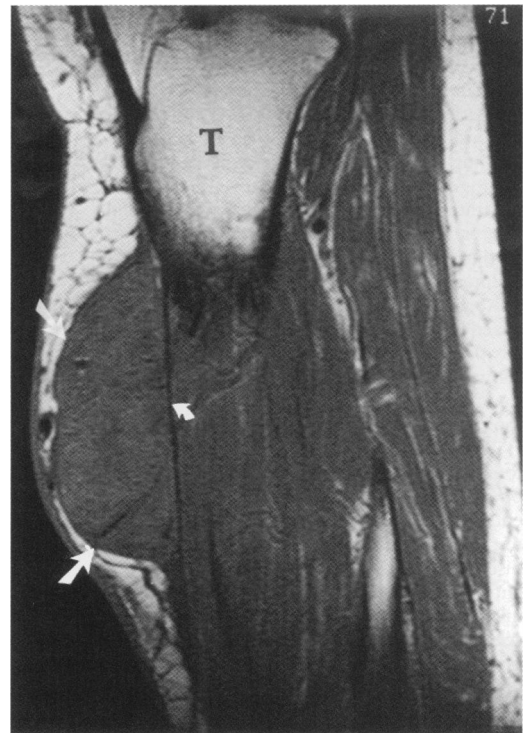


Figure 1 The sagittal T1 weighted magnetic resonance image through the lower leg showing a 6 cm well defined mass (larger white arrow) which is sitting on top of the apparently uninvolved fascia (smaller curved white arrow); T = tibia.

- 1 Smith ME, Fisher C, Wiess SW. Pleomorphic hyalinizing angiectatic tumour of soft parts. A low grade neoplasm resembling neurilemma. *Am J Surg Pathol* 1996;20:21–9.
- 2 McGovern SJ. Lumps, bumps, and soft tissue sarcomas. *J Accid Emerg Med* 1996;13:141–2.

Emergency  
Department,  
Southampton General  
Hospital, Tremona  
Road, Southampton  
SO16 6YD

Correspondence to:  
Mr Clancy, Consultant.