

Letters to the editors

Benign hibernoma

Lateur et al. [1] recently reported a case of benign hibernoma. I commend the authors on this interesting and thorough report. However, I question the preoperative imaging assessment of this lesion, which presented as a large (10 cm), readily palpable mass in the buttock.

The prebiopsy work-up included: plain radiographs, ultrasound, pre- and post-contrast computed tomography, angiography, and magnetic resonance imaging (MRI) performed prior to and after the administration of gadolinium. This extensive imaging assessment of this benign lesion resulted in the reasonable, but incorrect, prebiopsy diagnosis of sarcoma.

Virtually all primary tumors require biopsy prior to definitive treatment. This can usually be performed after a single imaging examination, often MRI in the case of most soft tissue masses. Additional imaging studies may occasionally give pertinent further information, but they rarely change the necessity to biopsy, or the mode of that biopsy. Once the diagnosis is established, further imaging examinations, if necessary, can be specifically directed toward treatment. In the case under discussion the patient underwent a second angiogram, after the biopsy but before definitive excision, for the purpose of embolizing the lesion.

References

1. Lateur L, Van Ongeval C, Samson I, Van Damme B, Baert AL. Case report 842: Benign hibernoma. *Skeletal Radiol* 1994; 23: 306-309.

Ferris M. Hall, M.D.
Department of Radiology
Beth Israel Hospital
330 Brookline Avenue
Boston, MA 02215, USA

Reply

In his letter Dr. F.M. Hall questions our preoperative imaging assessment of the lesion.

We ourselves are not very happy with this extensive prebiopsy work-up. In our institution the surgeons decide the indications for the examinations and in our legislative context we can hardly refuse to execute them, unless of course there is a contraindication. We have frequently asked the surgeons what the potential benefit of angiography is, but they usually reply that they want to see preoperatively the degree of vascularization of the tumour. We keep on trying, though, to convince the surgeons that there are hardly any indications for prebiopsy angiography these days. We have been somewhat successful, since prebiopsy angiography has been rarely requested recently.

In case of a soft tissue tumor, our first examinations are plain radiography and ultrasound, followed by MRI. However, since there is usually a waiting list, CT is done in the meantime.

Finally, all imaging modalities were shown in our article for scientific reasons, since hibernoma is a rare entity.

L. Lateur, M.D.
Department of Radiology
University Hospitals, K.U. Leuven
B-3000 Leuven
Belgium