ABSTRACT BOOK ABSTRACTS



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## GIANT HIBERNOMA: BEWARE OF AN UNUSUAL ADIPOCYTIC TUMOUR

T Kovitwanichkanont<sup>(1)</sup> - P Naidoo<sup>(2)</sup> - J Leong<sup>(3)</sup>

Monash Health, Department Of Dermatology, Melbourne, Australia<sup>(1)</sup> - Monash Health, Department Of Radiology, Melbourne, Australia<sup>(2)</sup> - Monash Health, Department Of Plastic And Reconstructive Surgery, Melbourne, Australia<sup>(3)</sup>

Background: Hibernoma is a rare benign soft tissue tumour that arises from the vestiges of fetal brown fat and can mimic a liposarcoma on radiographic imaging. Hibernoma is generally asymptomatic, slow-growing and warm to touch due to its hypervascularity.

Observation: Our case series illustrates the clinical presentation and radiographic appearances of four patients with histologically confirmed hibernoma. Hibernoma is usually hypointense relative to subcutaneous fat on T1-weighted MRI and demonstrates partial fat suppression on fat-saturated sequences. Large intratumoural vessels likely support the diagnosis of hibernoma but are not invariably present. FDG avidity on PET scan is not beneficial in distinguishing hibernoma from soft tissue malignancy because of its inherent, metabolically active property. Due to the radiographic heterogeneity of hibernoma, it is currently not possible to diagnose hibernoma based on imaging characteristics alone. Given the excellent prognosis of hibernoma with marginal excision alone, an appreciation of the radiographic features is helpful in the appropriate pre-operative workup of soft tissue tumours.

Key messages: 1. Hibernoma is a rare, slow-growing, benign tumour that demonstrates characteristic but non-specific imaging features. MRI is the superior imaging modality of choice, compared to plain radiography, ultrasonography and CT. If present, large arterial flow voids within a T1 hyperintense lesion are suggestive of the diagnosis of hibernoma.

2. FDG avidity offers poor specificity in the discrimination between soft tissue malignancy and benign lesions. Hibernoma should be included in the differential diagnoses of an FDG avid lipomatous tumour.

3. Owing to the current lack of definitive imaging modality for diagnosing hibernoma, a histopathological confirmation is required to exclude soft tissue malignancy.

4. Marginal excision of hibernoma offers cure in most reported cases.





