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Elastofibroma in Atypical Settings: Two Typical Cases and One Diagnostic Pitfall



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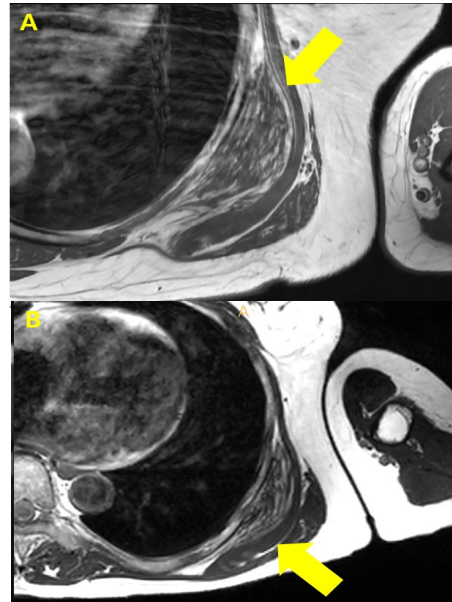
**Purpose :** Elastofibroma dorsi is a benign fibroelastic lesion that often presents as an infrascapular mass but may be confused with other soft-tissue tumors. We describe two typical cases and one atypical case to highlight practical imaging clues.

**Methods :** We reviewed three representative patients evaluated for posterior shoulder or back masses. Imaging included contrast-enhanced computed tomography (CT) and/or magnetic resonance imaging (MRI) in the typical cases, and ultrasonography with Doppler in the pitfall case. Diagnosis was supported by image-guided biopsy or excision, as clinically indicated.

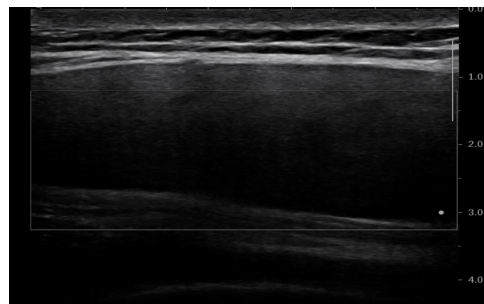
**Results :** In two typical cases, MRI and CT demonstrated a poorly marginated, heterogeneous laminated or striated mass with interspersed fat at the scapulothoracic interface, deep to the serratus anterior (Figure 1), leading to radiologic suspicion of elastofibroma. In the pitfall case, a young patient was referred after minor trauma with suspected hematoma. However, ultrasonography showed a well-defined hypoechoic lesion in the deep subcutaneous layer without Doppler flow and was interpreted as lipoma (Figure 2). Given persistent concern and diagnostic uncertainty, excision was performed and ultimately confirmed elastofibroma (Figure 3).

**Conclusions :** A fat-streaked, striated mass deep to the serratus anterior on CT or MRI is strongly suggestive of elastofibroma. Pitfalls include presentation in younger patients and in non-infrascapular locations, and ultrasonography may mimic lipoma.

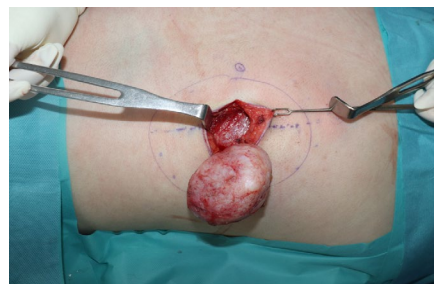
Familiarity with the typical imaging pattern can help streamline evaluation, while elastofibroma should still be considered in atypical presentations to guide appropriate follow-up and tissue diagnosis when needed.



**Figure 1.** Representative imaging findings from two typical cases of elastofibroma. (A, B) Axial MR images show a poorly marginated, heterogeneous lesion with interspersed fat at the scapulothoracic interface, deep to the serratus anterior.



**Figure 2.** Ultrasonography of the pitfall case showing a well-defined hypoechoic lesion in the deep subcutaneous layer without Doppler flow, initially interpreted as lipoma.



**Figure 3.** Intraoperative photograph of the pitfall case showing excision of a well-defined mass from the deep subcutaneous layer, which was subsequently confirmed as elastofibroma.