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A Rare Cause of Joint Pain: Synovial Haemangioma

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A 17-year-old girl was admitted with complaints of recurrent pain, swelling and tenderness in her left knee since she was 3 years old. The swelling of the knee has occasionally increased. She was diagnosed as chronic arthritis and non-steroidal anti-inflammatory drugs were recommended before admission. With non-steroidal anti-inflammatory drugs, her pain was relieved initially but only partially resolved. On admission, physical examination was unremarkable for arthritis. There was localized swelling measuring 3,5x4 cm in diameter on the upper part of left knee. Acute phase reactants and antinuclear antibodies were negative. Magnetic resonance imaging showed synovial haemangioma characterized by a well-circumscribed contour with a lobule filling the left suprapatellar bursa and space- filling formation with heterogeneous intense contrast enhancement after contrast agent administration (**Figure 1**). It was required open total synovectomy and mass resection (**Figure 2**), and histopathological findings were compatible with cavernous haemangioma. Joint pain in children can be result from a variety of acute and chronic diseases.[1] Synovial hemangioma, a benign tumor that occurs in children and young adults, is a non-common cause of recurrent nontraumatic pain and swelling in the knee.[2,3] It can cause cartilage erosion and degenerative joint disease in untreated cases. Therefore, early diagnosis is essential.[4] Tumor and tumor like lesions such as synovial haemangiomas should be kept in mind in patients with extraordinary findings in single joint. In case of doubt, imaging methods should be used for early diagnosis and prevent long term sequel especially for intra-articular lesions.

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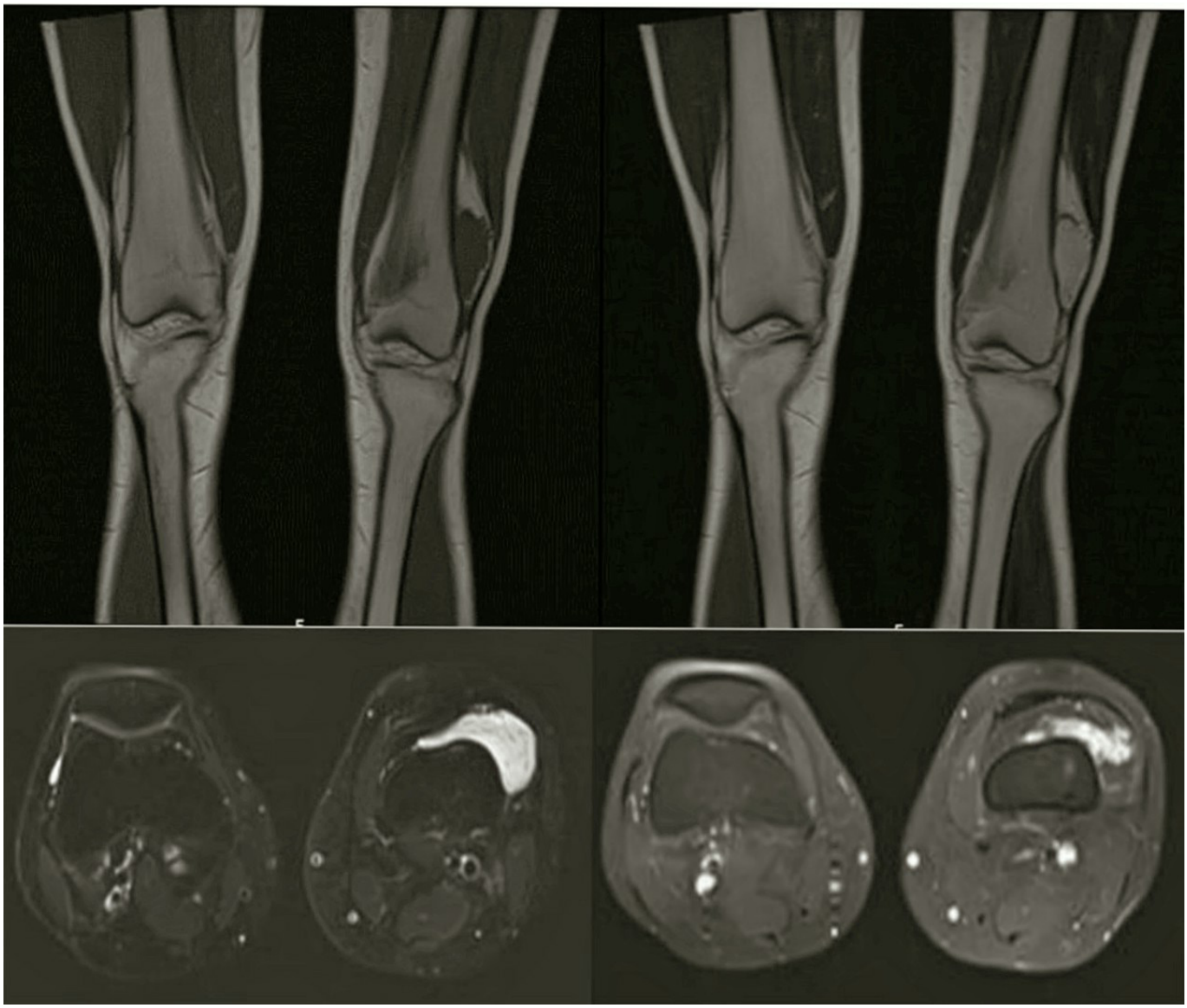

Figure 1. The intra articular nodular soft tissue mass filling the suprapatellar bursa was seen T1-weighted image isointense, T2-weighted image hyperintense, fat-suppressed T2-weighted image hypointense and had contrast enhancement.

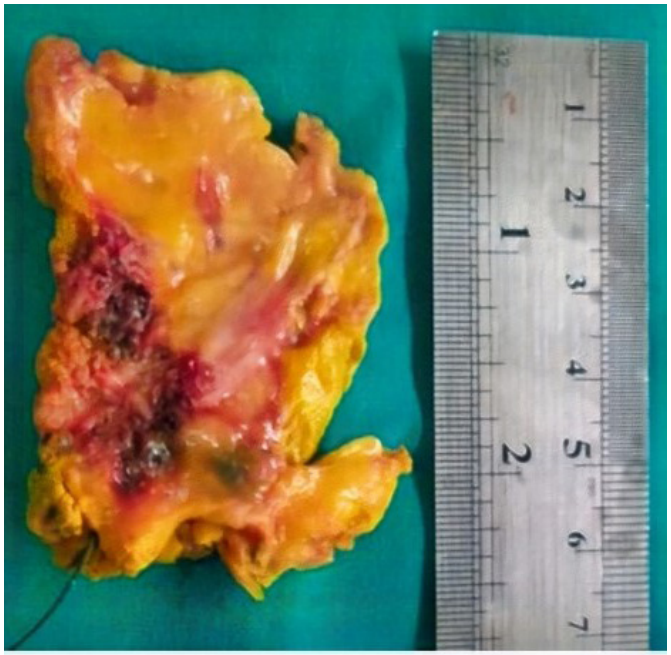

Figure 2. The mass of approximately 6 cm in size was resected with open total synovectomy.

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