

Evidence Discussion: Abdominal Wall Mass (AB 13.1)

- Mass lesions of the subcutaneous tissue and abdominal wall are generally benign and can be diagnosed through physical examination (such as lipomas, fibromas, epidermal inclusion cysts, etc.). For lesions that require imaging for further delineation, ultrasound is the initial study of choice. Ultrasound allows for real-time imaging, and the addition of Doppler techniques can help identify vascular lesions. It is highly specific for benign lesions. If the ultrasound image is inconclusive, it can guide the choice of additional imaging modalities, body areas, and contrast levels.
- Subsequent or second-line imaging for indeterminate ultrasound findings includes CT with contrast or MRI with and without contrast. MRI is particularly useful for evaluating masses that appear sarcomatous prior to biopsy. The appropriate body region for imaging depends on the location of the mass.

References:

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3. Einarsdottir H, Söderlund V, Larsson O, et al. 110 Subfascial Lipomatous Tumors. Acta Radiologica. 1999;40(6):603-609.
4. Zoga AC, Weissman BN, Kransdorf MJ, et al. ACR Appropriateness Criteria: Soft Tissue Masses. American College of Radiology, 2012.
5. ACR Appropriateness Criteria. Palpable Abdominal Mass-Suspected Neoplasm. Revised 2019