



Figure 2. (a) The tumour is comprised of proliferating mature fatty tissue, with atypical blastic cells in some blood vessels (haematoxylin-eosin stain; original magnification x100). (b) Immunohistochemical staining of the vascular lesion was positive for CD 20 (original magnification x100). Malignant B-cell lymphoma was diagnosed.

tissue tumours in the deeper regions tend to be malignant. Although a soft tissue tumour may be considered to be a solitary benign tumour on imaging, malignancy may be present when the tumour is deeply situated or unusually large.

Conflict of interests

None declared.

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Mini-abdominal flaps for preservation of digital length in an 18-month old child

Dear Sir,

We present a case highlighting the use of a well established technique, the mini abdominal flap, to provide soft tissue cover in the presence of differential loss of length in multiple digits of the hand in a child.

An 18-month old boy presented 4 h after he had sustained a four-finger transverse amputation with an intact thumb to his left hand, which was caught in a moving motorcycle chain. There were crush avulsion amputations of the index and ring finger through the base of the middle phalanx, through the proximal interphalangeal joint of the middle finger and through the proximal phalanx diaphysis in the little finger (Figure 1(a)). The mangled, grease contaminated, amputated digits were examined thoroughly and deemed unsuitable for replantation or local flaps. The middle finger was primarily debrided and closed as the amputation was through the proximal interphalangeal joint and adequate soft tissue was available. The decision was subsequently made to preserve the joints and maintain the length of the other injured digits.

Under general anaesthesia, appropriate size and shape mini-abdominal flaps were planned and raised to inset over the raw areas to the index, ring and little finger (Figure 1(b)). These are random mini-abdominal flaps raised in sequence after positioning the hand to