**OBJECTIVE:**
The intravascular papillary endothelial hyperplasia (IPEH), also known as hémangioendothéliome végétant intravasculaire or Masson’s pseudoangiosarcoma, is an unusual benign, non-neoplastic, vascular lesion, with rare non-neoplastic reactive endothelial proliferation most commonly located in the skin or subcutaneous tissues. It is important to remark the features that can distinguish this entity from other neoplasms to avoid inappropriate treatment. Pathological characteristics that distinguish IPEH from angiosarcoma could be reduced to circumscription of the lesion, location in a vessel or association with thrombus and papillary architecture without significat cytologic atypia or areas of solid growth.

**METHODS:**
We present two cases:
1. A 60 year old Caucasian male. The patient presented a small tumor in the hypothenar eminence with neuropathy of the ulnar nerve at the level of the Guyon Canal of the right hand. The MRI showed small tumor in the Canal suggestive of angioma..
   Excision of the tumor was performed. The histological study showed an intraluminal proliferation of small papillae -Masson’s Tumor. (Fig.4)

2. A 28 year old Caucasian male. He had a subcutaneous mass in the palm of the hand distal to the carpal tunnel. Blood tests were normal. Ultrasound showed an 17x12 mm mass The MRI showed a cystic image suggestive of hemangioma (Figs 1-2). A wide surgical excision was performed (Fig.3). Histological examination again diagnosed Masson's tumor 
   Clinical follow-up at 7 years average (4/10) showed no evident complications or recurrences.

**RESULTS:**
Intravascular Papillary Endothelial Hyperplasia (IPEH), most commonly referred to as Masson’s tumor, is a rare, benign endothelial proliferation representing about 2% of vascular tumors of the skin and subcutaneous tissues. Initially described by Masson in 1923 “hémangioendothéliome végétant intravasculaire” is considered to represent a histopathologic reaction and eventual proliferation of endothelial cells of normal blood vessels in response to a variety of chemical and physical inputs.
   Although the true pathogenesis of IPEH remains unknown, cellular proliferation may be under hormonal or growth factor (bFGF) control.
   Its presentation with other vascular anomalies, such as hemangiomas, suggest a pattern of reactive growth rather than a true neoplasm.
   Lesions may arise de novo, however, and therefore its pathogenesis has remained elusive.

**CONCLUSIONS:**
The importance of Massons’s hemangioma lies in the fact that it histologically simulates angiosarcoma. Moreover, it tends to recur if incompletely resected. Correct diagnosis of the entity is essential to prevent aggressive treatment. Treatment consists of complete resection of the tumor, including wide enough margins to avoid recurrence.