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Cutaneous Soft Tissue Sarcoma with Metastasis-A Case Report

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Abstract
Cutaneous sarcoma are a small subset of soft tissue Sarcomas. Cutaneous soft tissue Sarcomas represent Less than 1% of malignant tumors.As with other soft tissue Sarcomas, Most cutaneous malignant sarcomas are cured by surgical Excision.while local recurrence following excision is not Uncommon, few cutaneous Sarcoma metastasize. Herein we report a case of cutaneous soft tissue saroma with lung & liver metastasis. Clinical findings, diagnostic workup & follow up are provided along with a review of the literature on Cutaneous Soft tissue Sarcoma with metastasis.

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I. Introduction

Soft tissue sarcomas are a rare but heterogeneous family of malignant tumors that are predominantly found deep to the integumentary layer. Only a small number of these primary mesenchymal tumors actually originate from the dermal layers and little is known regarding their etiology or incidence patterns. These heterogeneous mesenchymal neoplasms are relatively uncommon. CSTS show a broad range of differentiation and are classified histologically according to the mature tissue they resemble, such as smooth muscle (leiomyosarcoma [LS]), endothelium (angiosarcoma [AS]) or fibroblast (eg, dermatofibrosarcoma protuberans [DFSP])

II. Case Report

A 42 year old male, Previously healthy man presented with history of Swelling in the left axillary region with mild pain for the past 8 days with no history of fever & discharge from wound with no other significant history. physical Examination is unremarkable with stable vitals. On Examination there is 2×2cm growth in the Left axillary region with defined margins, not warm, non tender, firm in Consistency .Excision biopsy was done with adequate margin of normal skin. Biopsy report came as high grade Spindle cell Sarcoma.Then patient was subjected to metastatic workup. CT Chest & abdomen with contrast was done. CECT report shows few tiny nodular lesion noted in BlL Lower lobe & Anterior segment of Right upper lolee of approximate size 3mm.In CECT Abdomen there is 6.1x 4:5Cm sized hypodense lesion with irregular peripheral Enhancement noted in seg 4 of left Lobe of liver.Medical oncologist opinion was obtained for metastatic Cutaneous soft tissue Sarcoma & then Chemotherapy was started.

Fig 1: Clinical Picture Of Proliferative Growth In Left Axilla

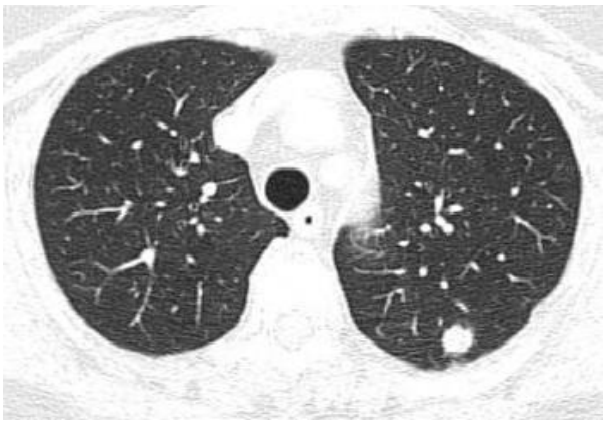


Fig 2: Radiological Image Of Chest Showing Metastasis In Lung

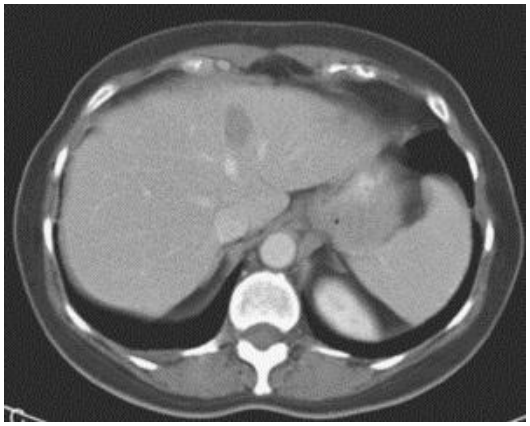
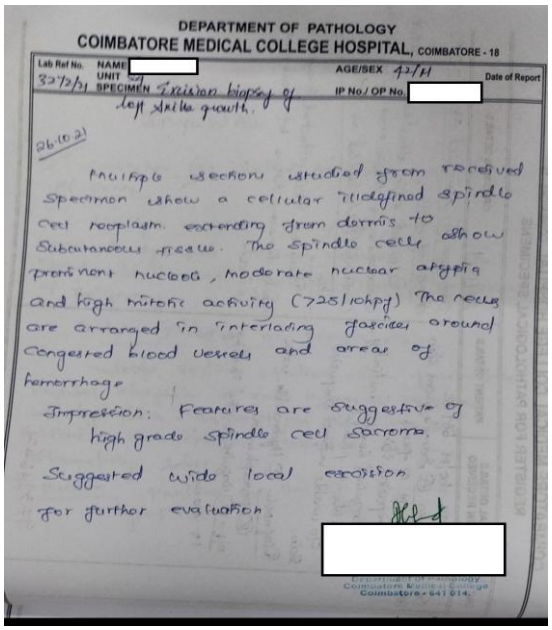


Fig 3: Radiological Image Of Abdomen Showing Metastasis In Liver



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Lab Ref No. 3272/21 NAME [redacted] UNIT SPECIMEN Excision biopsy of left axilla growth. AGE/SEX 42/M IP No./ OP No. [redacted] Date of Report

26.10.21

Multiple sections studied from received specimen show a cellular ill-defined spindle cell neoplasm extending from dermis to subcutaneous tissue. The spindle cells show prominent nucleoli, moderate nuclear atypia and high mitotic activity (7-25/10hpf). The cells are arranged in interlacing fascicles around congested blood vessels and areas of hemorrhage.

Impression: Features are suggestive of high grade spindle cell sarcoma.

Suggested wide local excision for further evaluation.

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Fig 4: Histopathological Report.

III. Discussion:

Sarcomas constitute a heterogeneous group of rare solid tumors of mesenchymal cell origin with distinct clinical and pathological features .Collectively, sarcomas account for approximately 1% of all adult and 15% of pediatric malignancies. Prior radiation therapy (RT) to the affected area given generally some years before the development of the sarcoma is a risk factor for STS.4 More than 50 different histologic subtypes of STS have been identified, with pleomorphic sarcoma (also known as malignant fibrous histiocytoma),

GIST,liposarcoma, leiomyosarcoma, synovial sarcoma, and malignant peripheral nerve sheath tumors the most common. Rhabdomyosarcoma is the most common STS of childhood. The most common primary sites are the extremities (60%), trunk (19%), retroperitoneum (15%), and head and neck (9%).6 The anatomic site of the primary disease is an important variable influencing treatment and outcome. STS most commonly metastasize to the lungs; tumors arising in the abdominal cavity commonly metastasize to the liver and peritoneum.A pretreatment biopsy is highly preferred for diagnosing and grading sarcomas, and should be performed by an experienced surgeon .Cutaneous sarcomas are a small subset of soft tissue sarcomas.As such, the advances in the management of cutaneous soft-tissue sarcomas lag somewhat behind that of soft-tissue sarcomas more generally. This overview will consider mainly the more common sarcomas affecting skin. These include angiosarcoma, dermatofibrosarcoma protuberans, Kaposi's sarcoma and cutaneous leiomyosarcoma. Differential diagnoses of these neoplasms are often challenging and frequently require the integration of clinical, morphological, immunophenotypical and molecular techniques to provide an accurate diagnosis.

IV. Conclusion

As with other soft tissue sarcomas, most cutaneous malignant sarcomas are cured by surgical excision. While local recurrence following excision is not uncommon, few cutaneous sarcomas metastasize. The management of cutaneous sarcomas rarely requires the use of systemic therapy. However, in cases of unresectable or recurrent unresectable disease, systemic therapy is required.

CONSENT

The authors would like to thank the patient for providing informed Consent for the publication of this case report

CONFLICT OF INTEREST

Authors have no Conflict of interest to declare

AUTHOR CONTRIBUTION

1.Patient management And treatment decisions

2.Patent management,Surgical treatment and manuscript writing

3.Patient management, Manuscript writing

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