

Case report

Myxoid liposarcoma of the hand – A rare entity



Mourad Zaraa*, Khalil Haboubi, Emir Bessalah, Mohamed Ali Kedous, Mondher Mbarek

Department of Orthopedic Surgery, Trauma Center, Ben Arous, Tunisia

ARTICLE INFO

Article history:

Received 16 January 2016

Received in revised form 15 June 2016

Accepted 16 July 2016

Available online 25 July 2016

Keywords:

Hand

Myxoid liposarcoma

Surgery

Resection

Radiotherapy

ABSTRACT

Hand liposarcomas are not well recognized in common practice, which leads to erroneous diagnostics and delayed proper treatment.

We reported a case of a myxoid liposarcoma classified as stage IIb, and developed in the palmar side of the left hand in a 38-year-old man. There was an initial tumor reduction by a sclerosing agent injection that proved to be a failure. An open excisional biopsy confirmed the diagnostic after pathology examination. Recurrence occurred after 2 years, followed by a second resection and an adjunctive radiotherapy. At 5 years follow-up, the patient was recurrence free.

Although myxoid liposarcoma is rare in the hand, it should be considered in the differential diagnosis of a painless soft tissue mass in this region.

© 2016

1. Introduction

Hand liposarcomas (LS) are not well recognized in common practice, which leads to erroneous diagnostics and delayed proper treatment. Myxoid liposarcoma (MLS) is the most common type of LS and is known to have a greater affinity to the lower limb.¹ Its occurrence in the upper limb, and especially in the hand, seems to represent a rare entity.² As shown in our singular observation, neoplastic etiology must be systematically ruled out in case of any subcutaneous lesion.

2. Case presentation

We reported the case of a 38-year-old, left hand dominant man, with history of a workplace accident, 18 years ago, causing multiple deep wounds of the dorsum of the left hand, with no sensory or motor deficit. The patient has a 1-year history of a painless, slow-growing mass in the palm of the left hand with occasional hot flushing of the thumb. Physical examination revealed a palmar tender painless immobile mass in the thenar eminence, measuring approximately 1.5 cm × 1 cm (Fig. 1).

A plain radiograph of the left hand showed a soft tissue mass in the form of increased soft tissue density (Fig. 2). A soft tissues ultrasound was performed, showing a vascular echogenic tissular mass of 1.9 cm of the major axis in contact with the ulnar thumb pedicle.

Open biopsy was indicated. Taking into consideration the vascular relations of the tumor, the procedure was preceded by an attempt of tumor reduction by embolization during angiography (Fig. 3). After a short follow-up period of 6 weeks, the swelling increased rapidly reaching 5 cm of the long axis with a slight inflammatory reaction.

The magnetic resonance imaging (MRI) was not available during that time, with a risk of delaying tumor management. We performed a computed tomography (CT) scan that revealed a low-density, heterogeneous, poorly delimited lesion developed in the palm of the left hand, measuring 7 cm × 3 cm, with contrast enhancement after intravenous injection and no sign of bone involvement or calcifications (Fig. 4). We completed the investigation by a thoraco-abdomino-pelvic CT scan with no signs of secondary localization of the tumor.

We performed a surgical excisional biopsy after a 2 months' delay from embolization. Large tumoral excision was done sacrificing the ulnar thumb pedicle. Gross examination found a poly-lobed, greyish and friable tumor. Histology confirmed the diagnosis of a MLS. No round cell component was seen. The margins of excision were wide added to a tumor-free on the macroscopic and microscopic examination. No adjuvant treatment was done.

The tumor was classified as stage IIb, and based on The American Joint Committee on Cancer (AJCC) staging system of STS.³

Two years after surgery, the evolution was characterized by the recurrence of the left hand mass, measuring 5 cm × 3 cm, with no general extension. The patient underwent a second surgical excisional biopsy taking away the ancient scar and the tumoral mass; index flexors and radial pedicle were not affected. Excision

* Corresponding author. Tel.: +216 20346501.

E-mail address: mourad.zaraa@hotmail.com (M. Zaraa).



Fig. 1. Left hand photo showing a thenar's lodge mass at first examination.

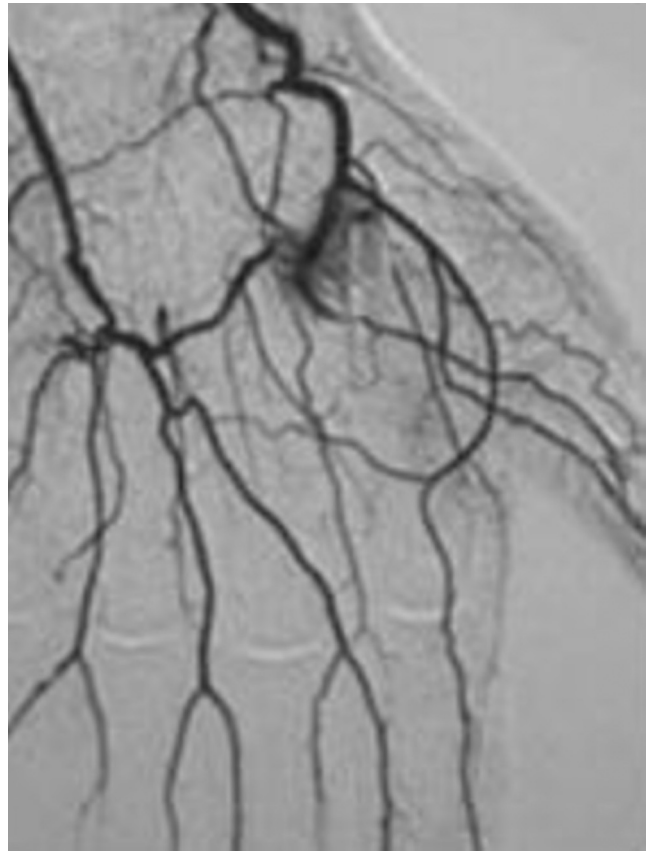


Fig. 3. Left hand angiography showing a vascularized mass repulsing surrounding blood vessels.



Fig. 2. Preoperative AP view left hand X-ray, showing an increased soft tissue density in the thenar's lodge.

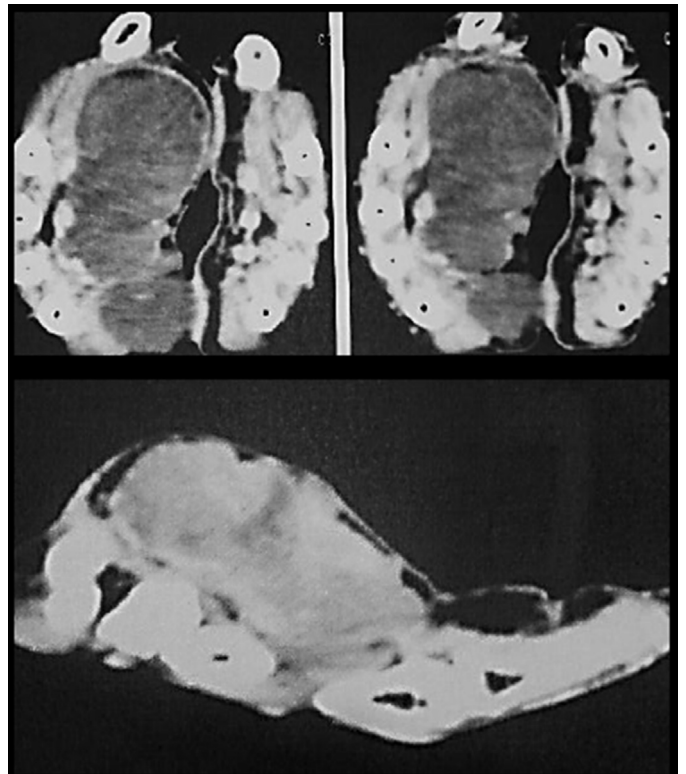


Fig. 4. A preoperative CT scan showing a suspicious vascularized mass of the palm of the hand.

Download English Version:

<https://daneshyari.com/en/article/5653252>

Download Persian Version:

<https://daneshyari.com/article/5653252>

[Daneshyari.com](https://daneshyari.com)