

# Low-Grade Fibromyxoid Sarcoma Of Right Thigh Following Radiation Therapy For Cervical Carcinoma: A Case Report

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## INTRODUCTION:

Post-radiation sarcoma (PRS) is one of the rare and late complications of radiotherapy, with up to 0.8% of overall estimated risk<sup>1</sup>. Low-grade fibromyxoid sarcoma is a rare histology found in PRS, especially following treatment of cervical carcinoma<sup>1</sup>.

## REPORT:

A 60 year-old lady who is known to have cervical carcinoma 23 years ago, presented with painless mass over proximal part of right thigh extending to inguinal region. Her cervical cancer was treated with total-abdominal-hysterectomy and bilateral salpingo-oophorectomy and subsequent total dose of 45 Gy in 20 fractions of external beam radiotherapy. Since then, she has been asymptomatic. Clinically, the mass was firm and non-tender. MRI showed large, heterogenous, and lobulated soft tissue mass measuring 9.8x11.7x9.7cm with involvement of right superior pubic ramus (Figure 1). Histopathological examination was suggestive of low-grade fibromyxoid sarcoma. Her condition was also complicated with lung metastasis, deep vein thrombosis and pulmonary embolism. Therefore, she was subjected for chemotherapy before surgery.

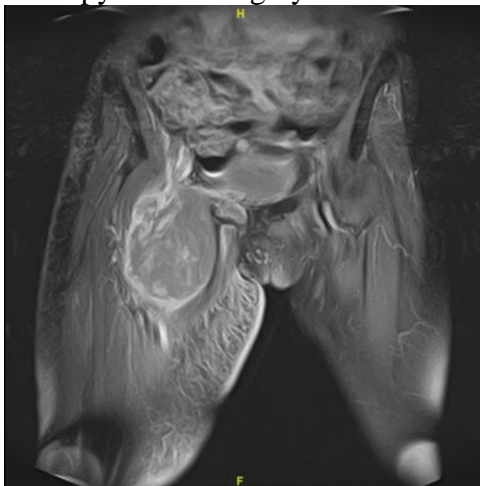


Figure 1

## CONCLUSION:

Progressively growing mass seen adjacent or at the previous carcinoma site with history of radiation therapy should alarm the attending doctor of post-radiation sarcoma. New single lesion even in a patient with previous carcinoma warrants a biopsy to ascertain either metastases or different sarcoma.

This reported case fulfills the criteria of PRS described by Cahan et al.<sup>3</sup>, that is; history of radiotherapy for cervical carcinoma, long asymptomatic period, sarcoma originating from region exposed to previous radiation, and confirmed tissue diagnosis of low grade fibromyxoid sarcoma (LGFMS).

LGFMS is a slow-growing sarcoma but has poor prognosis especially if induced by radiation<sup>1</sup>. It has high rate of local recurrence and metastasis<sup>3</sup>. Option of treatment for this case is wide resection with adjuvant radiotherapy to prevent local recurrence.

## REFERENCES:

1. Kim, Kyung Su, et al. *Cancer research and treatment: official journal of Korean Cancer Association* 48.2 (2016): 650.
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3. Evans, Harry L. *American journal of clinical pathology* 88.5 (1987): 615-619.