RECURRENT CHEST WALL LEIOMYOSARCOMA, A CASE REPORT

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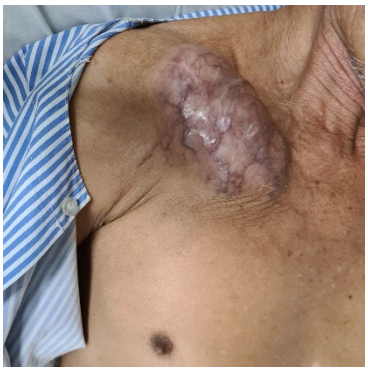
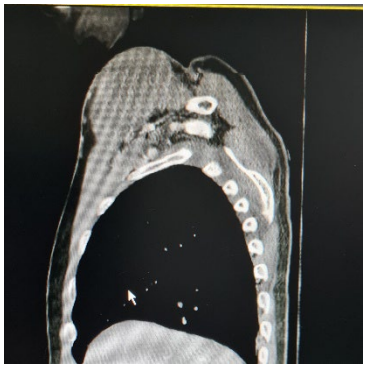
INTRODUCTION:

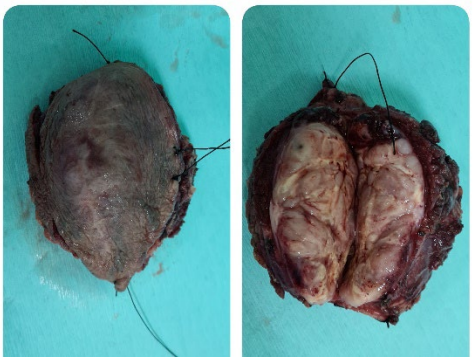
Leiomyosarcoma is a malignant neoplasm with smooth muscle differentiation and it accounts for 5-10% of all tissue sarcomas [1]. It may arise in any anatomical location, commonly in in retroperitoneal/intra-abdominal and pelvic sites (more than 50%), less common in limb sarcoma.

CASE PRESENTATION:

70 years old, Malay male presented with swelling over anterior chest for more than 10 years. Initially he underwent excision of lump by surgical team, however HPE result showed high grade sarcoma, favor leiomyosarcoma. Post HPE result, patient refuse for radiotherapy. Initial CT thoracic 1 year post operation showed no lesion, however patient came back after 2 years post operation with new lesion at previous operation site and it encroaching the clavicle region. Examination was done and initial diagnosis was recurrent of leiomyosarcoma. Patient underwent en bloc excision. Post operation, he proceeded with radiotherapy after review the HPE result.







DISCUSSION:

Primary chest wall tumours are uncommon, and more than half of them are malignant; soft tissue tumours account for nearly half of all primary chest wall tumours. Appropriate surgery is required for the treatment of primary leiomyosarcomas. As a first-line treatment, extensive resection with a substantial margin (2–3 cm) is recommended[3].

CONCLUSION:

Surgical excision with wide negative margins is the preferred treatment[2]. The prognosis and biological characteristics change depending on the initial site. A high rate of systemic relapse after curative resection in primary site have been recorded. Preoperative or postoperative radiation therapy is an important supplementary treatment when surgical margins are narrow, especially in high-grade sarcomas, whereas chemotherapy is mostly used to treat metastatic illness[3].

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