# Posterior Thigh Synovial Sarcoma in Elderly Patient: A Case Report

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## **INTRODUCTION:**

Synovial sarcoma is the most common sarcoma found in the foot that is unrelated to synovium. It is also the most commonly found sarcoma in young adults between ages of 15-30 years<sup>1</sup>. We reported a case of intramuscular synovial sarcoma of posterior right in 67 year old gentleman.

#### **REPORT:**

A 67 years old gentleman presented with painless progressive swelling of the posterior right midthigh for 1 year. The mass was about 6cm x 6cm, firm, non tender and the overlying skin was normal in color without any prominent or engorged vessels, excepted attached to the underlying posterior muscles. Otherwise, no regional lymphadenopathy and no lung metastasize seen on the CT Scan Thorax. Intralesional mineralization was not seen on plain radiographs. MRI revealed multilobulated hyperintense intramuscular lesion on T2W1 measuring 2x2.5x5.8cm and hypoechoic cystic lesion on complementary Ultrasound.

Wide resection of the tumor was done with clear margins excepted posterior surgical margin about 2mm. Intraoperatively, the tumor involved semitendinosus, semimembranosus and adductor magnus muscles. The HPE come back as monophasic synovial sarcoma. The patient had completed localized radiotherapy for 30 sessions and now on regular monitoring every 4 month for 3 years.

## **DISCUSSION:**

Despite the name "synovial sarcoma," these tumors do not occur inside joints or in relation to the synovial tissue. Rather, they occur in periarticular locations of the lower extremity over 60% of the time. This tumor has a propensity for late local recurrence and metastasis, most commonly to lung. The overall prognosis is most directly related to tumor size, invasion of

bone and neurovascular structures who have the highest risk of distant metastasis and tumor-related mortality<sup>2</sup>. The 5 year overall survival was 13%<sup>3</sup>.

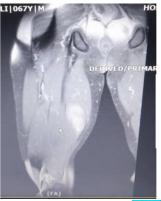


Figure 1: MRI of Right Thigh

Figure 2: Specimen Resection Posterior Thigh Mass



## **CONCLUSION:**

Initial surgical treatment with adequate surgical margins combined with radiotherapy should be considered to increase local control, improve outcome and better survival rate.

## **REFERENCES:**

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