Dilemma in Diagnosing a Rare Case of Synovial Sarcoma of Scapula and Sinonasal

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INTRODUCTION:

Synovial sarcoma is a rare and aggressive soft tissue sarcoma which mainly affects young adults but may occur from the second to fourth decade.[1] Common primary site are lower extremities follow by upper extremities, proximal limb girdle and less commonly from the trunk, thorax or head and neck Most of it are high grade with 30-50% of 5-year survival rate.[2]

REPORT:

A 55-years-old Malay male presented with progressive right scapula swelling for 2-months, preceded by 10kg drop in weight in a month. Examination revealed a huge 15x15cm hard and fixed right scapula mass in which scapula radiography showed bony erosion over body.

Prior further investigations, he presented with torrential epistaxis. An abnormal mass over left oropharynx and fragile bleeding mass over right ostiomeatal complex (OMC) and right fossa of Rosenmüller (FOR) was found in a non-contiguous manner on naso-endoscopy.

Computed tomography (CT) paranasal sinus concurred aggressive sinonasal tumour with extension to nasopharyngeal and oropharynx region. Histopathology of right OMC confirmed Monophasic synovial sarcoma.

Figure 1: CT TAP images demonstrating mass over the scapula with lytic lesion of the right scapula

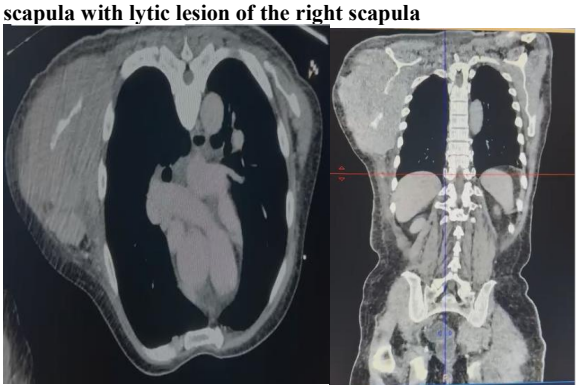
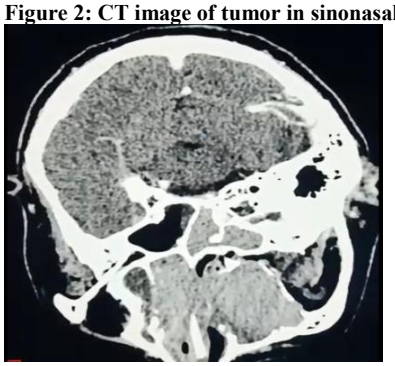


Figure 2: CT image of tumor in sinonasal region



Further Staging CT revealed metastatic involvement of lungs, nodal (infraclavicular, mediastinal and abdominal), besides the masses in sinonasal, oropharynx, and right scapula. Palliative chemotherapy was planned due to metastatic stage of the undetermined-primary-synovial-sarcoma. However, patients eventually deteriorated and succumbed to death due to biliary obstruction secondary to metastatic nodal compression.

CONCLUSION:

The mainstay of treatment for synovial sarcoma remains surgical excision with negative margins with the addition of radiotherapy and/or chemotherapy based on patient and tumors characteristics.[3] In view of this patient had extensive metastasis to nodal, lung, palliative chemotherapy would be ideal.

REFERENCES:

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