

Recurrent Synovial Sarcoma of Scalp - A Rare Presentation

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Abstract

Case Report

Synovial sarcoma is a soft tissue sarcoma, which is rarely seen, affecting 1-3 per million populations per year, more common among teenagers and young adults but can also be seen in old age. Despite the name, synovial sarcoma, it is not related to the synovial tissues of the joints. Most commonly seen in the legs and arms, but can appear in any part of the body. It is a high grade tumor with distant spread seen in up to 50% of cases. Here is a 51 year old female presented with complaints of swelling over the right side of scalp since 3 months, insidious onset and gradually progressive. History of similar swelling in the scalp 6 months ago, for which she underwent excision. On examination 5x4 cm solitary swelling in right posterior parietal region of scalp, scar noted over the swelling, surface is nodular, with engorged veins, no visible pulsations, non-tender, firm in consistency, with restricted mobility, skin is free over swelling. Enlarged level II right cervical group of lymph nodes noted. No neurological deficits noted. CT showed features of lobulated hetero-genous mass in right parietal scalp area of size 5.2x3.7x5.5cm. No involvement of underlying cranium with normal brain parenchyma. FNAC has been reported as? Monophasic synovial sarcoma and suggested IHC S100, CD99, BCL2, CD34 markers.

Keywords: Synovial Sarcoma, Scalp, Rare Presentation.

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INTRODUCTION

Synovial sarcoma is a soft tissue sarcoma, which is rarely seen, affecting 1-3 per million populations per year, more common among teenagers and young adults but can also be seen in old age. Despite the name, synovial sarcoma, it is not related to the synovial tissues of the joints. Most commonly seen in the legs and arms, but can appear in any part of the body. It is a high grade tumor with distant spread seen in up to 50% of cases.

CASE REPORT

Here is a 51 year old female presented with complaints of swelling over the right side of scalp since 3 months, insidious onset and gradually progressive. History of swelling at the same site in the scalp 6 months ago, for which she underwent excision. On examination 6x4 cm solitary swelling in right posterior parietal region of scalp, linear scar of about 1x0.5cm noted over the swelling, surface is uneven, with engorged veins, no visible pulsations, no cough impulse. On palpation it was warm, non-tender, firm in consistency, with restricted mobility, skin not

pincheable. Enlarged level II right cervical group of lymph nodes of about 2cm noted. No focal neurological deficits noted. Differentials include recurrent dermoid cyst, soft tissue tumor. Blood investigations were within normal limits. Chest xray normal. Serology was negative. CT brain showed a well-defined, lobulated, hetero-genous soft tissue mass lesion seen in the right posterior parietal scalp area. Lesion shows broad base towards the cranial vault and appears sub-galeal in location with extension in to sub cutaneous plane. No involvement of underlying cranium noted.

RESULTS

Patient was taken up for wide local excision under general anesthesia. Lesion excised with 2cm margin and sent for histo-pathological examination. The defect closed with transposition flap and split skin grafting. Intraoperative findings include a discrete cystic swelling noted in Right parietal region of scalp with Sub galeal extension noted and the defect is closed with a Transposition flap and Split skin grafting. Post-operative period was uneventful. Wound healed well. Histo-pathological examination revealed Spindle cell

areas showing typical Synovial sarcoma nuclear features and Glands are composed of closely packed

round to ovoid cells and reported as Synovial sarcoma.



DISCUSSION

Synovial sarcoma is a soft tissue tumor of ambiguous origin presenting definitive cytogenetic arrangements, seen affecting 1-3 per million populations per year, more common among teenagers and young adults but can also be seen in old age. Despite the name, synovial sarcoma, it is not related to the synovial tissues of the joints.

Most commonly seen in the legs and arms, but can appear in any part of the body It is a high grade tumor with distant spread seen in up to 50% of cases.

It is a challenging tumor to be diagnosed as the spindle cell component of tumor, can mimic numerous soft tissue tumors a complete understanding and correlation of the clinical and the histo-pathological features along with the combined use of immunohistochemistry and cytogenetics will help in the accurate diagnosis.

Best presented evidence advocates a multimodal therapy which involves aggressive surgical resection followed by radiation and chemotherapy.

CONCLUSION

Recurrent swellings should always be evaluated with high index of suspicion and plan of management should be considered only after ruling out

rare possibilities for better outcome and to prevent recurrence.

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