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Radiology

Retro Bladder Synovialosarcoma: About a Case

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Abstract **Case Report**

***Introduction*:** Synovialosarcoma is a mesenchymal tumor that usually affects the soft parts of the lower limbs, especially in the knee or ankle region, in adolescents or young adults. Much more rarely, it is observed in the retrovesical region. ***Objective*:** The aim of our work is to illustrate and show the primordial interest of imaging in the positive diagnosis and follow-up of this pathology. ***Case Report*:** This is a 13-year-old patient, with no pathological history, who presented for 9 months a urinary obstructive and irritative syndrome, complicated by acute retention of urine. Pelvic ultrasound showed a midline, rounded pelvic mass measuring 8x9 cm isoechoic, with areas of cystization, infiltrating the bladder base and the prostate. Abdominal-pelvic CT scan with and without injection of contrast product revealed a bulky retrovesical mass, roughly rounded, hypodense, of homogeneous tissue density, discreetly enhanced after injection of contrast product. The histological and immuno-histo-chemical study of the biopsy revealed a Synovialosarcoma. The recommended treatment was primary chemotherapy. ***Conclusion*:** Imaging is essential to guide the diagnosis, establish prognostic criteria and ensure post-therapeutic follow-up.

Keywords: mesenchymal tumor, primordial interest, Abdominal-pelvic, Synovialosarcoma, chemotherapy**,** lower limbs.

INTRODUCTION

Synovialosarcoma is a mesenchymal tumor that usually affects the soft parts of the lower limbs, especially in the knee or ankle region, in adolescents or young adults. Much more rarely, it is observed in the retrovesical region.

The aim of our work is to illustrate and show the primordial interest of imaging in the positive diagnosis and follow-up of this pathology.

OBSERVATION

This is a 13-year-old patient, with no pathological history, who presented for 9 months a urinary obstructive and irritative syndrome, complicated by acute retention of urine. Pelvic ultrasound showed a midline, rounded pelvic mass measuring 8x9 cm isoechoic, with areas of cystization, infiltrating the bladder base and the prostate.

Abdominal-pelvic CT scan with and without injection of contrast product revealed a bulky retrovesical mass, roughly rounded, hypodense, of homogeneous tissue density, discreetly enhanced after injection of contrast product.

The histological and immuno-histo-chemical study of the biopsy revealed a Synovialosarcoma.

The recommended treatment was primary chemotherapy.

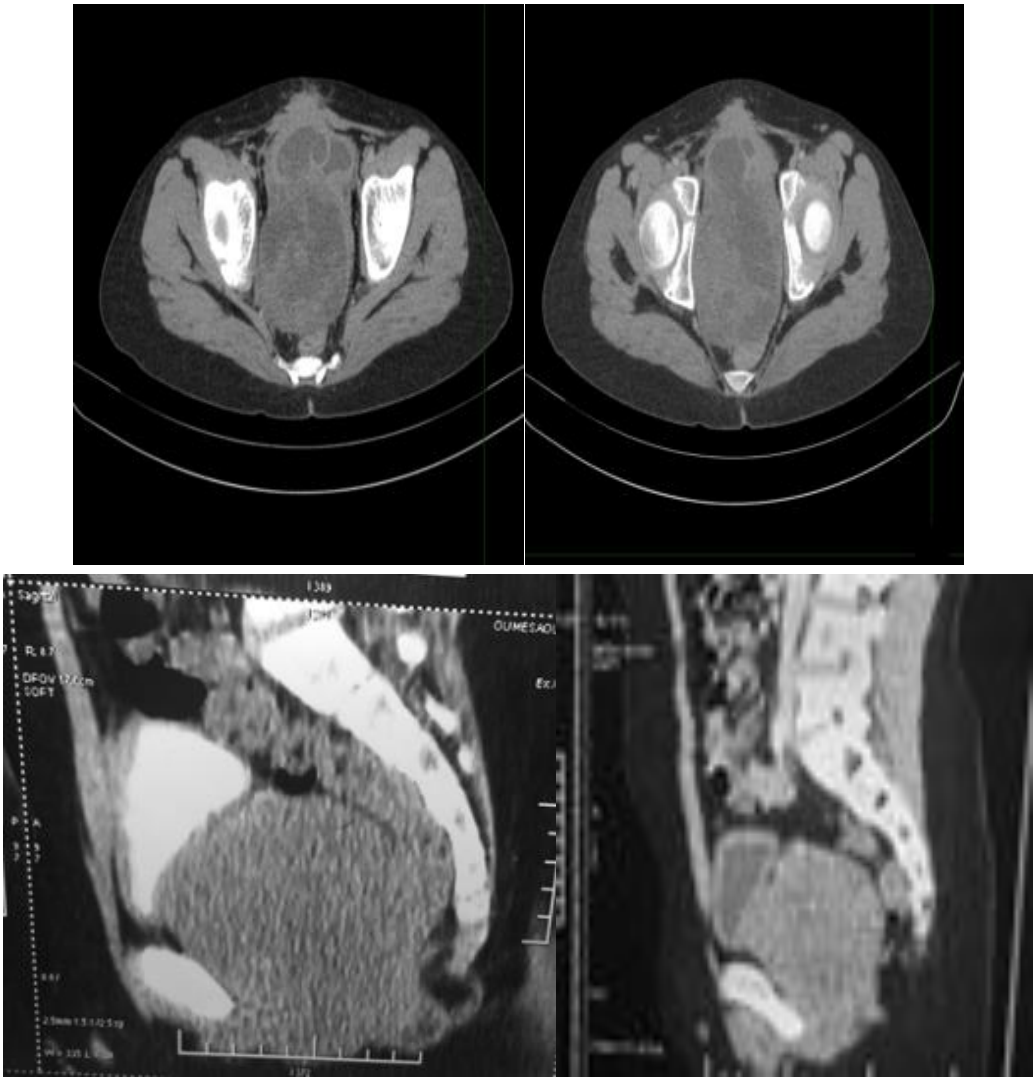

Figure 1: Axial and sagittal slices showing a fairly well-limited retrovesical lesional process pushing the bladder forward, heterogeneously enhanced after injection of the PDC

DISCUSSION

Synovialosarcoma develops from mesenchymal cells with synovial differentiation more rarely from normal synovial its location is typically peri-articular. It mainly affects young adults under 40 years of age without gender difference. Imaging is not specific; however it can sometimes guide the diagnosis.

Soft tissue sarcomas are rare tumours, characterized by great anatomical, histological and prognostic heterogeneity. The incidence of soft tissue sarcomas is estimated between 3 and 4 per 100,000 inhabitants and 50 to 60% of these cancers develop in the limbs [1]. Primary thoracic sarcomas are rare and represent less than 1% of all primary thoracic tumors [2]. Synovialosarcoma is the 4th soft tissue sarcoma (8-10%) in terms of frequency; it affects young adults (15-40 years old) with a slight male predominance [3]. The age of our patient is 54 years, therefore far higher than the data in the literature, but joins the series of Mastroianni *et al.*, whose average age of the patients was between 50 and 60 years [4].

The absence of metastases, surgery remains the treatment of choice and wide resection is imperative to reduce the risk of loco-regional and distant recurrences the interest of adjuvant radiotherapy is to allow better local control of the tumor [11]. It is indicated when the tumor has a diameter greater than or equal to 5cm and incomplete margins. No study has assessed the benefit of adjuvant chemotherapy in this situation [11]. Treatment with Doxorubicin and/or Ifosfamide constitutes the first-line treatment in inoperable forms and inmetastatic forms with a response rate of around 50% [11]. The average rate of loco-regional or metastatic recurrence at two years is 50% [12]. The most common metastatic sites are lymph nodes, bone and liver. A tumor diameter of less than 5 cm, a low mitotic index (Ki 67 < 10%), the absence of tumor necrosis, the absence of residual tumor after surgical resection are considered to be good prognosis factors. Five- year survival varies between 35% and 76% depending on the absence or presence of good prognostic factors respectively [12]. The role of the fusion transcript as a prognostic factor has not been

definitively established [12]. In our observation, the patient had a tumor size of 7.5 cm and a grade II.

The sonographic aspects are variable, ranging from a heterogeneous hypoechoic mass to a mass with a large anechoic component.

CT allows secondary locations to be found remotely.

MRI is the examination of choice in the exploration of soft tissue sarcomas. Although not specific, this technique nevertheless makes it possible to identify morphological and signal characters, which point towards the diagnosis of synovialosarcoma on the one hand and make it possible to evaluate the prognosis on the other hand.

CONCLUSION

Imaging is essential to guide the diagnosis, establish prognostic criteria and ensure post-therapeutic follow-up.

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