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Synovial sheath hamstring (About One Case)

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ABSTRACT

Synovialosarcoma is one of the most common soft tissue sarcomas. Despite its name, the synoviolosarcome does not seem to be of synovial origin, but is rather derived multipotent cells. Paradoxically, the more often it is tumors that are within distance joints. Synovialosarcoma is in order of frequency the third histological type among soft tissue sarcomas. Complete surgical removal of the tumor is the basis of traitement.la adjuvant radiotherapy for appears beneficial residual tumor. As for chemotherapy, it remains to be explored its role.

Introduction

Synovialosarcoma is one of the most common soft tissue sarcomas. Despite its name, the synoviolosarcome does not seem to be of synovial origin, but is rather derived multipotent cells. Paradoxically, the more often it is tumors that are within distance joints. Synovialosarcoma is in order of frequency the third histological type among soft tissue sarcomas. The upper and lower limbs are most affected, particularly para- articular articulations.la large tumor regions manifest as mass of slow evolution, located deep. The diagnosis is mainly based on histology which is complemented by immune histochemistry and cytogenetics . Complete surgical removal of the tumor is the basis of traitement.la adjuvant radiotherapy for appears beneficial residual tumor. As for chemotherapy, it remains to be explored its role.

Observation

Our study concerns a patient aged 80 years , hospitalized in our formation in 2007, with pathological history of pulmonary tuberculosis in 2000 and has dealt a painful swelling of the right buttock , without inflammatory signs looks, lasting for 1 year with Lameness walking and in a context of poor general condition.

Palpation is a deep moving mass compared to the superficial layer without inflammatory signs look. Plain radiography shows the shadow of the tumor with bone integrity . MRI shows a mass of tissue the right tone without invasion of nerve and vascular structures buttock. The Doppler speaks of a low mass vascularisée. Une chest x-ray was done and it was normal and an abdominal ultrasound

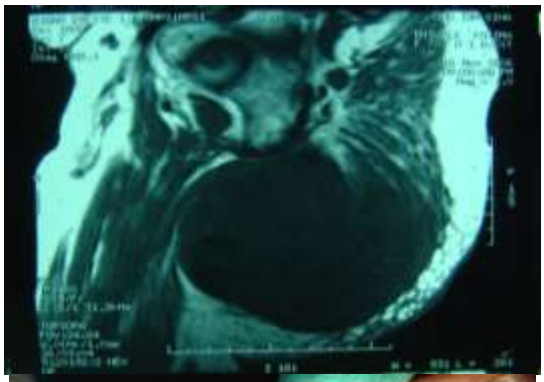
Biopsy initially focused on the tumor confirmed the diagnosis (synovial grade 2) , and tumor excision in its entirety is made by taking the biopsy scar and respecting all the constituents of the gluteal region that were repressed namely the sciatic nerve and vascular axes.

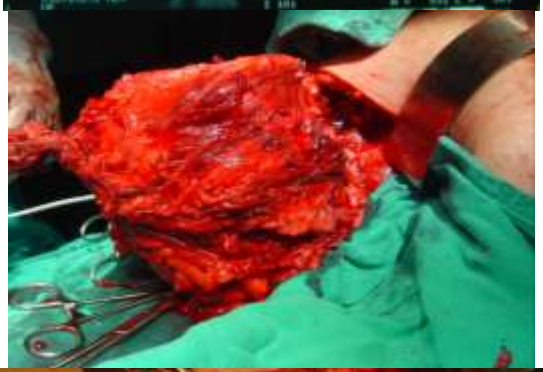
Result

The histological examination revealed a grade 2 synovial sarcoma. Limits are superficial excision indemnes.la skin look is saine.les limits are deep resection of the tumor 2 mm.

Discussion

Synovialosarcoma represents 5% to 10 % of soft tissue sarcomas It occurs in 90% of cases with age < 50 years . The lower member is reached more frequently than the upper member.





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Surgery is the primary treatment modality as radiotherapy and postoperative chemotherapy allow better local control . Biopsy always precedes surgery. (1-2-3)

The evolution is characterized by the occurrence of local recurrence dans60 % cases and especially lung metastases (75% cases). (4-5)

The survival was 55 % at 5 years . The poor prognostic factors are tumor size > 5 cm or less , histological grade , poorly differentiated characteristics, surgical margins, presence of metastases. (6-7)

Conclusion:

The synovial sarcoma is a rare and severe disease requiring multidisciplinary coordination as well as between research teams to achieve therapeutic advances and deduce universal consensus

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