

PICTORIAL

A RARE PRESENTATION OF SYNOVIAL SARCOMA

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A 36 years old male, presented to the Department of Oral and Maxillofacial Surgery of Abbasi Shaheed Hospital, Karachi, Pakistan, on 7th February 2020 with the complaint of swelling on the left side of the face for more than 1 year. The swelling was 7×7 cm in size, intact and palpable, starting from the Zygomatic arch and extending to the lower border of the mandible. The swelling was firm, non-tender, non-fluctuant, non-pulsatile, well localized, with well-defined margins, and overlying skin appear normal, without any other complaint of pain, burning sensation, or paraesthesia (Figure-1). The intraoral examination revealed intact occlusion, poor oral hygiene, dentate and normal oral mucosa with non-significant bony contours. Mouth opening 40 mm. No deviation of the mandible on opening and closing (Figure-2).

CT scan of face with contrast from base of skull to thoracic inlet revealed heterogeneous mass in the left buccal region, appearance suggestive of neoplastic lesion. (Figure-4) The patient underwent excision of the buccal mass under general anaesthesia and the mass was sent for histopathological examination. Histopathological analysis shows epithelial component around the glandular spaces and arranged in solid nests surrounded by spindle components (Figure-5). The immunohistochemistry studies revealed strong nuclear positivity of tumour cells for Transducer-like enhancer of split-1 (Figure-6). The final diagnosis of Monophasic Synovial Sarcoma was made based on histopathological and immunohistochemical features. The patient did well postoperatively (Figure-3) and was on regular follow-up for 2 years with no post-surgery signs and symptoms of recurrence.

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Figure-1: The swelling was 7×7 cm in size, intact and palpable, starting from the Zygomatic arch and extending to the lower border of the mandible. The swelling was firm, non-tender, non-fluctuant, non-pulsatile, well localized, with well-defined margins and overlying skin appear normal



Figure-2: The intraoral examination revealed intact occlusion, poor oral hygiene, dentate, normal oral mucosa with non-significant bony contour. Mouth opening 40 mm. No deviation of the mandible on opening and closing



Figure-3: Post operative photo of the patient after 1 week

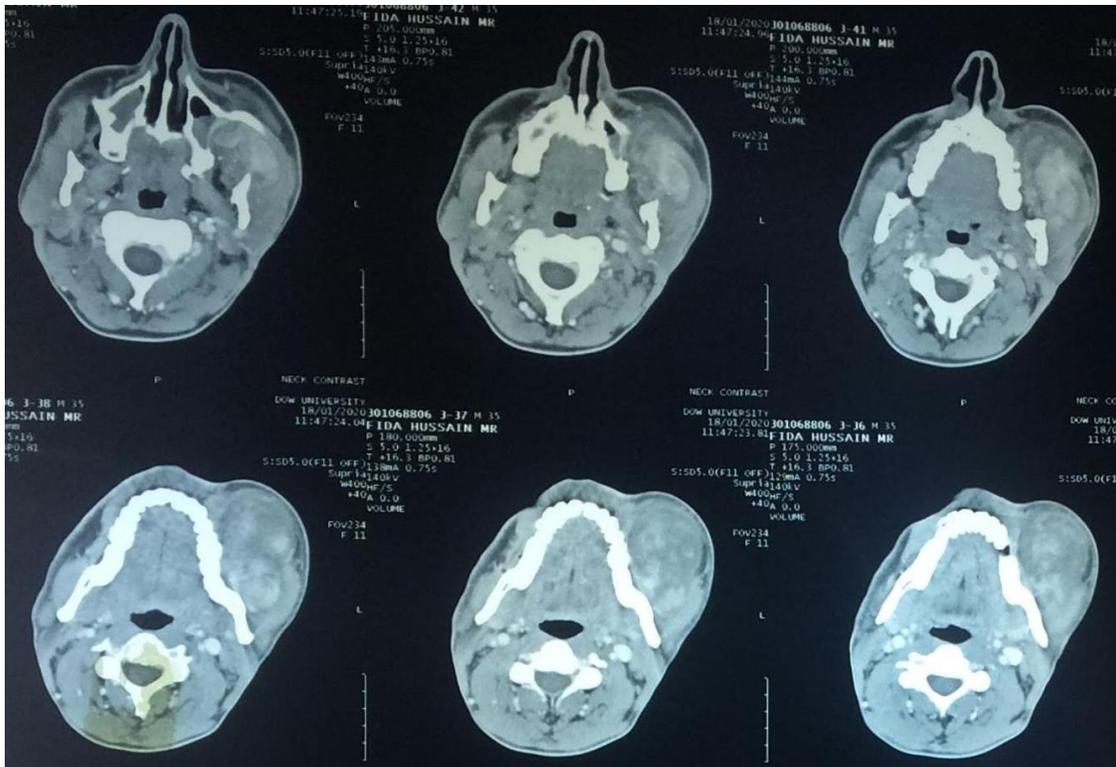


Figure-4: CT scan of face with contrast from base of skull to thoracic inlet revealed heterogeneous mass in the left buccal region, appearance suggestive of neoplastic lesion.

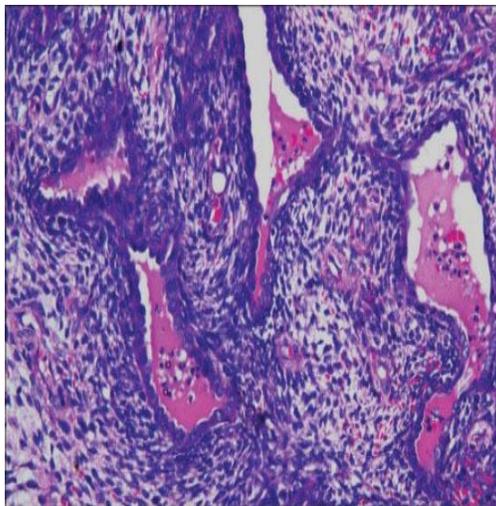


Figure-5: Histopathological examination shows epithelial component around the glandular spaces and arranged in solid nests surrounded by spindle component (H&E stain x100)

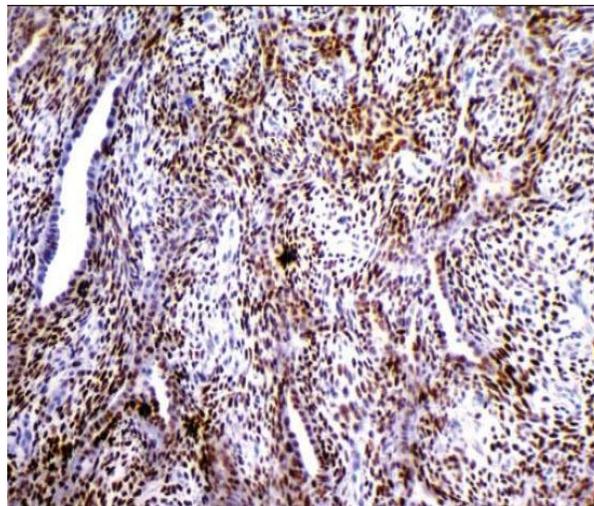


Figure-6: Immunohistochemistry revealed strong nuclear positivity of tumor cells for Transducer-like enhancer of split-1 (IHC stain x100)

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